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ARTICLE I.

PSYCHOLOGICAL MEDICINE AND MENTAL PATHOLOGY.*

A marked feature of the present age, and one that goes far towards vindicating it from the charge of selfishness and heartlessness frequently brought against it, is the zeal and devotion displayed in the various charitable undertakings which have engaged the public mind during the last quarter of a century. The cause of the insane has especially enlisted the sympathies of the medical profession during this period, and the progress made in their treatment marks an important epoch in the history of our race. From the dungeons and chains of past centuries they have come forth supported upon the strong arm of humanity, and their claims, in all their varied relations, are now generally acknowledged among the civilized nations of the earth. To notice all the influences that have contributed to this result is not our present purpose, but we may be allowed to allude briefly to one of the most important—the periodical literature of insanity. Towards the close of the last century a journal, chiefly devoted to psychological medicine, was established in Germany, but it had only a brief existence.

Dr. Reil's journal, commenced in 1805, met with a like fate; and another, established in 1818, was published only eight years.

The *Annales Médico-Psychologique*, established at Paris in 1843, we believe, is the oldest of the prominent journals now published, devoted to this specialty. The first number of the *American Journal of Insanity* was issued in July, 1844, and was followed by the *Journal of Psychia-*

* "The Journal of Psychological Medicine and Mental Pathology." Edited by Forbes Winslow, M. D., D. C. L., late President of the Medical Society of London, etc. October, 1854.

trie and Psycho-legal Medicine of Germany in 1845, and by the *Journal of Psychological Medicine and Mental Pathology* of England in 1848. In the columns of these journals the claims of the insane have been earnestly and faithfully advocated, and to their influence may be traced much of that healthful change in public sentiment which has occurred within the last ten years.

It would be interesting to trace, step by step, the progress of psychological medicine in England during the present century,—to notice the important events which have contributed largely to its advancement, and the relations existing between them and the present complete system of hospital provision for the insane; but our space will not permit this, and we at once proceed to notice Dr. Winslow's Journal. Of the ability with which this periodical is conducted it is not necessary for us to speak, its excellence is everywhere acknowledged.

The first article of the number before us is an analysis of a book entitled "Psychological Inquiries," in a series of essays, intended to illustrate the mutual relations of the physical organization and the mental faculties. Some of the most intricate questions in mental philosophy are discussed in this analysis, and it will be impossible for us, in a brief article like this, to follow the author through all the labyrinths of metaphysical speculation. The most that we shall attempt will be to notice the prominent points in his arguments, and state briefly his conclusions.

The inability of the mere speculative philosopher to elucidate the important influences which the physical organization exerts over the operations of the soul is clearly set forth. The scientific physician of large experience is doubtless better fitted for this investigation; but it may be objected by some that his attention will be too exlusively directed to the material element of our nature. This charge of materialism is frequently made against modern physiologists, who believe that the organization, in its healthy condition, may and does exert a powerful influence over the workings of man's spiritual nature; and the psychologist, whose field of labor embraces man in all his relations, and who, by carefully observing the operations of mind, both in health and disease, is taught to seek for the hidden springs of human action, subjects himself to the same accusation. But the author of "Psychological Inquiries" does not allow himself to be misunderstood. Of the existence of both mind and matter no doubt is entertained, and we deem it unnecessary to repeat his arguments here. The materialist, who endows matter with the power of thinking, willing and acting, acknowledges the existence of mind, though he makes it only a property of matter, in violation of all the recognized laws by which matter is governed.

The question of the identity of mind is discussed at some length, and the "minds of the inferior animals are considered essentially of the same nature with that of the human race; and that of those various and ever-changing conditions of it which we term the mental faculties, there are none of which we may not discover traces, more or less distinct, in other creatures." Locke and Stewart deny that brute animals have the power of abstraction; but this is a necessary part of the process of reasoning.

That the mental powers of the lower order of animals are of the same nature as those of the human race, is considered a fundamental principle of the highest importance in psychological researches. Starting with the proposition, "that the nature of the human mind and its relations to organization may be investigated through the mental phenomena of the inferior animals," the importance of a more careful observation of all their acts is urged as furnishing "a wide field for that comparative psychology which alone can relieve us from the circle of metaphysical subtleties in which we have hitherto trod."

The mechanical and social instincts of insects, and the intelligence displayed in many of their works, are referred to as showing the correctness of this conclusion. The emotions and passions displayed by the lower animals are no less striking and instructive. In connection with this part of the subject, the history of a domestic tragedy in a family of canaries is related to show the effect of *disappointment*, and the emulation of song-birds, as developed in singing matches, is described.

The difference between instinct and reason is thus clearly defined: "Reason acts with knowledge of the order of events; instinct without knowledge. Reason knows, and therefore adapts variously; instinct knows not, and therefore acts according to a fixed rule, blindly." The nature of these instinctive powers is yet beyond the scope of human knowledge. They are here considered "a part of the organism connected therewith by that intelligent, designing something in creation we have termed mind—an adapting, directing force, as adherent in living organisms as the force of gravity in matter, and, like it, proceeding from the Divine Mind." We would go a step further, and concur in the opinion held by Sir Isaac Newton, that the Deity himself is virtually the active and present moving principle in them. Dr. Holland, in his "Chapters on Mental Physiology," remarks, that "the instinctive action has an express object, of which the animal has no prior cognizance, to obtain which its living organization goes through certain changes and movements, definite, identical and constant for each one of the species. Where reason exists, even in the animals nearest to man, it is placed in subordination to this more absolute power, blending with and modifying,

but never annulling, its influence. Here, then, all proper volition or act of the individual is excluded, and the Creator of the organization becomes, in every sense intelligible to us, the motive power. We may choose to say that the organization itself is so; but to such phrase, duly examined, we can attach no real meaning, nor can we substantiate it by any manner of proof. At this point, in fact, the argument, as regards human reason, is at an end. We cannot conceive the intervention of other agency; neither are we able to reach the comprehension of that supreme power which thus unceasingly sustains the life it has created." Assuming the preceding definition of instinct to be correct, we do not see how any other conclusion than this can be reached. Instinct can no more be a property of matter than mind: it acts with unerring certainty and yet with no conscious knowledge of the object to be attained; it wields an immense influence even over the highest intellectual actions of man, and cannot aptly be compared with the force of gravity in the material world.

In man the instinctive are so blended with the mental powers that it is often difficult to assign to each their proper influence. The writer of this analysis would extend the influence of instincts to the intellectual as well as to the moral faculties. He regards the artist and the poet, who possess innate powers of excellence in art and poesy, as men in whom the *instinctive* working of the mind, in its special direction, is nearly perfect. It is added, that, perhaps, the "instinctive working of a purely intellectual faculty is best shown in those instances in which there is the singular intuitive ability to carry on the operations of arithmetic, mentally, through a long array of figures. In all the instances we know of, the individual was hardly, if at all, conscious of the steps of the mental process he performed as readily as he combined any set of muscles to a given purpose; but when he proceeded to perform the calculation like ordinary mortals, he felt it to be difficult and laborious, and was longer than most ordinary men would be. The latter method was acquired, in truth; the former was instinctive." The deductions which are drawn from the application of this doctrine to all the mental operations are interesting, but entirely speculative. The subject leads to a brief consideration of man's origin and development, and we regret that a doubt should be expressed in regard to the correctness of the history of creation handed down to us in the sacred volume. We desire simply to express our dissent from such an opinion, without entering upon any discussion. To our mind, there are no "facts in natural history" that conflict with divine revelation.

Man's religious nature is next considered, and this also is thought to have its foundation in instincts. The writer of the analysis advocates

this view to a greater extent than the author of the "Psychological Inquiries," who remarks, that "the disposition of man, even in his most degraded state, to believe in supernatural agencies is so universal and so manifestly the result of his peculiar organization, that we must regard it as having very much the character of an instinct." But the belief in certain great "primary and fundamental truths, the knowledge of which is forced upon us by our own constitution, and is independent of experience and reason," is believed to have some higher source than that which belongs to mere instinct, and he therefore concludes that it is "inherent in the mental principle itself, and independent of our physical organization." The views of our analyst, however, are different; he argues, and, we think, correctly, that the belief in Deity and in a future life is instinctive, and really a proof of their existence. There can be no stronger evidence of the truth of such a belief than its instinctive character; and if we say that it is inherent in the mental principle, we do not thereby deprive it of the nature of an instinct. In expressing this opinion, we would not be understood as believing that the natural powers or instincts alone are sufficient to guide men to a correct knowledge of their religious duties; they but form the foundation, laid deep within our spiritual and material organizations by the Almighty Creator, on which, by the aid of divine revelation, we are to rear the fabric of a correct religious system.

We now reach one of the most important conclusions of this analysis, "that, as to his organization and the working of it, man is possessed equally with the lower animals of that great *cosmic* principle of intelligence, the self-acting, unconscious mind, and that superadded—plainly, surely superadded—is that other principle, the feeling, thinking, willing, self-conscious mind, the highest endowment of which seems to be a *knowledge of the necessary order of events in creation*,—of the means by which that order may be modified, so as to be able to use them at will,—and of the nature of the supreme intelligence from which all this order in creation has sprung. These two great principles meet and co-operate in organization; and the grand problem in the science of human nature is, and always has been, to determine the relations they bear to each other therein."

The speculations of ancient and modern philosophers have been directed to the solution of this problem; but it is very justly remarked, that their writings are not based on the relations of mind to organization, and hence cannot be of great practical value. "Mental philosophy should be inductive, not speculative;" and the task of the modern psychologist is thus stated: "to determine the relation of vital organization to the unconscious or cosmic reason,—to determine the relations of the

latter to the conscious principle,—and to fix the relations of the conscious and unconscious principle in combination to vital organization." The writings of Drs. Hall, Laycock and Carpenter are alluded to in connection with this branch of the subject. The term "unconscious cerebration," applied to the unconscious action of the brain in intellectual processes, by Dr. Carpenter, is at once expressive of the nature of the cerebral action and the view of that eminent physiologist; but we must pass over this portion of the analysis, contenting ourself with the following extract:

"There is a fundamental relation or affinity between the conscious mind and unconscious reason which forms and operates through these molecular arrangements, (the vesicular neurine,) it is this: what the latter *designs* is in definite relation to the former psychologically. Thus, the good of the organism is designed. Now, what is good gives pleasure, and is with pleasure automatically sought after; what is inimical gives pain, and is automatically repelled with abhorrence. Again, the unconscious reason acts wholly in reference to the external world; the first glimmer of the conscious mind is in reference to the external world. And the idea may be evolved to a very wide extent, and include all that *knowledge* of the external world (natural philosophy) which reaches the consciousness through the intellectual; for such knowledge is possessed and acted upon by the unconscious reason to a degree far transcending man's present powers. What he may ultimately know of them cannot be fixed; it is virtually illimitable. The laws of heat, light and electricity, so commonly applied in living organisms, have of late years had a sufficiently wonderful development to warrant the most hopeful anticipations for the future. It is in the human cerebrum that these three elements of mind have their highest development. It is a fair inference, that the vesicular organization and the unconscious reason in man are endowed, potentially at least, with as perfect powers as they display in the workings of the instincts of the lower animals; it is certain that the self-conscious mind which uses them as its instruments is much more perfect. It is also a fair inference, that much of the perfection of the human mind is due to the larger surface of vesicular neurine to which it is in relation. What goes on in this vast arrangement of cells during thought is certainly, at present, beyond our means of research; nevertheless, if we cannot unravel the intimate nature of these physical processes, we can indicate some of their relations in varying states of the mind."

The suspension of consciousness in sleep, why sleep is required, and what is the condition of the physical and mental faculties and the nervous system, form the basis of some interesting remarks. Instinctive acts, it is stated, cause no fatigue, and it is only after voluntary exertion of the

mind or body that rest and sleep become necessary. Sleep, therefore, is considered to be a "*suspension of volition*;" and the mind, left without the regulating influence of the will, is filled with illusions and dreams. Imperfect sleep is the "type of mental derangement;" and the most frequent cause of this disease, in the author's opinion, is overwork, without sufficient rest. In our country this cause is more active and universal than in England, and is but just beginning to attract the attention it deserves. In the reports of several American asylums for 1853 a due prominence is given it among the causes of insanity. A case is related by the author of "Psychological Inquiries," of a gentleman who passed six entire days and nights without sleep, in consequence of domestic affliction. He had never before shown signs of mental disorder, but now became affected with illusions and required confinement. And "how altered," he adds, "is the state of mind in any one of us after even two sleepless nights! Many a person who, under ordinary circumstances, is cheerful and unsuspicious, becomes not only irritable and peevish, but also labors under actual though transitory delusions—such, for example, as thinking that others neglect him or affront him who have not the slightest intention of doing either." The experience of every person who has been deprived of needful rest will confirm the correctness of this opinion. No other cause, we are satisfied, is half so fruitful in producing a recurrence of mental disease. Of all the cases that have come under our observation, in a somewhat extended experience, we think three-fourths, at least, were traceable to fatigue, anxiety, or excitement of some kind preventing sleep.

The changes which are often produced in the moral nature very naturally lead to the consideration of that form of mental disorder to which the name "moral insanity" has been applied. Our analyst here differs from the author of the "Inquiries," who, guided only by his "common sense," expresses a doubt of the existence of any such disease. "Common sense," says the writer of the "Analysis," "has erred fatally, from time immemorial, in determining the nature of all abnormal mental phenomena; for it is, in truth, only another name for popular ignorance."

There is, we are free to admit, some reason for the scepticism that exists in the popular mind in reference to this form of disease. The frequency of this plea in our courts of justice, and the attempts made to shield a certain class of offenders from the just punishment which they have *voluntarily* incurred, are among the prominent causes of this state of feeling. The class of offenders referred to are usually men whose early training has been defective, and all their associations demoralizing to such a degree as to corrupt their whole moral nature.

They submit to no parental restraint; at school they distinguish themselves in nothing but wrong-doing, and as they advance in years they make rapid progress in depravity: when they commit crime they do so to gratify their ill regulated passions, and not from irresistible, motiveless impulse. To attempt to excuse them from the legal consequences of their guilt, on the plea of insanity, is a wrong that often works injury to those who are really innocent, and who are entitled to our sympathies and protection. But there is a form of mental alienation to which this term has been unfortunately applied, in which the affection of the moral sense is so prominent as to quite obscure the intellectual disturbance. Several such cases are mentioned in the pages before us. A case recently came under our observation, in which the morbid impulse to commit a most horrible act was the only apparent indication of insanity. A very amiable, worthy, pious man was seized with an impulse to destroy the lives of his children. He was tenderly attached to them, and felt the deepest horror of the act towards which an unseen power seemed to impel him. He struggled against the temptation and overcame it. Again and again it returned with increasing violence, and to escape from it he voluntarily left home and placed himself in an asylum. This patient was also suicidal. Though no delusive ideas could be detected, there was clearly a derangement of the intellect. The impulse was preceded by confusion of thought, and when it became fully developed, the self-conscious, self-willing power was wholly suspended, and he acted blindly, without reason or motive. His recollection of events, when under the impulsive influence, is vague and dream-like. There was no freedom of the will, and hence no moral responsibility. But it seems to us an error to say that such a man is only morally insane, and we are gratified to see that Dr. Winslow, in his Lettsomian Lectures, "repudiates alike the term and the disease implied." He thinks that there is disorder of the intellect in all the so-called cases of moral insanity, and our own experience has led us to the same conclusion.

The Analysis concludes with a brief notice of phrenology and the science of human nature. It occupies about thirty pages of the Journal, and is valuable and interesting.

Article second is a review of "A Manual of Artistic Anatomy, for the use of Sculptors, Painters and Amateurs," by Robert Knox, M. D. The reviewer commences by saying, that "about five and twenty years ago Dr. Knox was in the zenith of his fame, and one of the best and most expert demonstrators attached to any of the British Schools of

Medicine. He describes, in enthusiastic language, his graceful manner and powers of description as an anatomist, and then proceeds to speak of his published "Letters on Comparative Anatomy," his translations of Icedeman, Meckel, and Cloquet's great work on "Descriptive Anatomy," and his valuable discoveries in physiology, communicated to the Royal Society of Edinburgh. Thus far the writings of Dr. Knox receive unqualified praise; but this "Manual of Artistic Anatomy" is less fortunate. The opinion that "sculpture and painting are not merely imitative arts" meets with a searching but not unjust criticism. The conclusion of the reviewer, "that art is and must ever be strictly imitative, however genius may invest its productions with suggestive representations, and lights and shadows which carry the imagination beyond the dim confines of humanity," is doubtless correct. Again, Dr. Knox asserts that no *mechanical-minded Saxon* could have imagined or designed Egyptian Thebes; and, a little further on, he says, "a taste for the fine arts—and, of consequence, the condition of these arts—is about as low in Britain as it can well be." This "reckless assertion," as it is termed by the writer of the review, arouses within his breast a feeling of patriotic indignation, and he points with pride to the names enrolled on the scroll of British art as giving it a "flat contradiction." But we cannot refrain from expressing our entire concurrence in the views of Dr. Knox. One has only to walk through the galleries of ancient and modern art which adorn the capitals of the European continent, and then turn his steps towards England, visit the National Gallery, Hampton Court, and the private galleries of the nobility, to have the truth of Dr. Knox's opinion forced upon him almost irresistibly. It is not becoming in England to lay claim to superiority in all things; she has much of which to be justly proud, and should be content to concede to other nations some powers of excellence.

Dr. Knox's anatomical and physiological knowledge is spoken of in flattering terms, and the book is recommended to students as containing much that is really valuable.

Dr. Noble's "Lectures on the Correlation of Psychology and Physiology" are reviewed in the next article. His first lecture is a summary of the Anatomy and Pphysiology of the Nervous System; the second considers "Emotional Sensibility and its Reactions;" the third, "Ideas and their Dynamic Influence." The article has been read with care, and we would gladly transfer a portion of it to our pages, but in doing so we should be guilty of gross injustice towards the author. The notice is so concisely written, and the subjects treated are so important,

that we should have to copy the whole paper to give a just idea of the views expressed. A previous work by Dr. Noble, on the Elements of Psychological Medicine, met with a sharp criticism in the pages of Dr. Winslow's Journal; of these lectures, however, a very favorable opinion is expressed.

M. Falret has recently published a volume on the general symptomatology of insanity, of which article fourth is a brief analysis. The book bears the title of *Leçons Cliniques de Médecine Méntale.* The lectures were delivered to his class at the Salpêtrière, and were not originally intended for publication. They form the first of a series, and treat of the general symptomatology of insanity, comprising lesions of sensation and propensities,—of disorders of the intellect,—of illusions and hallucinations,—of derangement of the emotions and organic functions; with a general view of the causes of insanity—*i. e.*, the successive evolution of its different phases. We do not purpose to follow the course of the analysis, and shall confine our notice to M. Falret's views in regard to moral insanity—*i. e.*, insanity in which the moral affection is the most prominent; monomania, and illusions and hallucinations. He regards lesion of sensibility, sentiment, propensity, &c., as the result of derangement of several faculties. "Some writers," says the author, "have described insanity in the same way that romancers have described the normal state: they have based the entire malady upon an alteration of some one feeling or propensity, and have announced as distinct forms of monomania, *e. g.*, erotomania, demonomania, theomania, kleptomania, &c." M. Falret clearly shows that when the words and acts of those in whom the sentiments of religion and love are disordered, or of those who have an irresistible propensity to murder or steal, are closely examined, several causes will be found combined in their production; and in all cases deranged intellectual action can be traced. "The requirements of legal medicine," he continues, "have led to the attaching undue importance to these propensities in regarding murder, suicide, theft, &c., as merely resulting from altered natural instincts—forgetting that either of these acts may proceed from very different sources. Some insane persons will commit murder to rid themselves of imaginary enemies, others to escape the power of some internal anxiety by which they are devoured, others will murder their children to send them to heaven. Other indications of insanity are also present in these cases. As, in the healthy state, no faculty exists in an isolated state, so, in the diseased condition, the various faculties cannot be separated from each other;" and he adds,

in the next paragraph, that "*insanity without delirium does not exist*—that is to say, without any disturbance of the intellectual faculties." The reader will observe that M. Falret holds the same views in regard to the nature of "moral insanity" as Dr. Winslow. The following extract will develop M. Falret's notions in regard to monomania. He considers the "various lesions of the affections under their relations to the two principal forms of mental disease, general and partial insanity. In speaking of partial insanity he observes that the predominance or persistence of certain sentiments has been singularly exaggerated. The insane have been represented as dominated exclusively and persistently by one clear and definite idea. Nothing can be more contrary to observation. Undoubtedly there is frequently, in partial insanity, the predominance of some one affection or propensity, or even of a particular series of ideas—neither, however, being exclusive, distinctly arranged nor continuous. So far from monomania of itself constituting a malady, the dominant sentiment or idea has generally been found to exist in the midst of a confused crowd of ideas. Even in the least complex cases the patient is absorbed, not concentrated, in the sphere of a single affection." We think that a careful study of this form of mental disease can lead to no other conclusion. To say that a man is insane upon one subject and sane upon all others, is to assert that the faculties, sentiments and propensities of our nature are each distinct from the others; and this isolation of the faculties, M. Falret maintains, is entirely impracticable. All the faculties, he thinks, participate, in different degrees, in this and other forms of insanity—an opinion in which we would express an unqualified concurrence.

M. Falret discusses the nature of illusions and hallucinations, and he differs with Esquirol, who held that an illusion was a lesion of sense with an actual impression—an hallucination a lesion of the brain with absence of external impression. M. Falret, on the contrary, considers that both illusions and hallucinations are cerebral phenomena; and he thinks that lesions of sense are of rare occurrence. We close our notice of this excellent analysis with the following extract. Our object has been simply to give M. Falret's views upon some of the disputed questions in psychology, and we have necessarily left many interesting portions of the article unnoticed. "The author proceeds to the consideration of hallucinations undoubtedly delirious, and to the solution of the question which has been answered in the affirmative by distinguished mental physicians, viz., the existence alone, as a form of insanity, of hallucination confined to one sense. M. Falret does not hesitate in his answer: as he does not admit the existence of madness limited to a single series

of ideas, so he would reject the alleged monomania. The facts recorded in the annals of science, relating to hallucination of one sense, he asserts, are very few, and those who have recorded them have overlooked their true relation. The hallucinations of distinguished men—by which the world has often been misled into a belief of their inspiration, or intercourse with supernatural agencies—have been but the culmination of their delirium, which may have been so evanescent as to have escaped observation."

The next article is a notice of M. Baillarger's Classification of Mental Diseases, and is, we presume, from the pen of Dr. Winslow. He alludes, in beautiful and appropriate terms, to the great zeal, experience and abilities of the distinguished French psychologist, and then proceeds to speak of the nature and object of all classification. It is considered, and very correctly, to be the "last enunciation, the final generalization of our previous knowledge;" and a "classification that shall be rigorously exact must be postponed until the last term of scientific investigation—until we have adequately mastered all the antecedent elements which are to be the subject matter of classification." The object of classifying mental diseases, in the present state of psychological medicine, is to furnish "guides and aids in the acquisition of knowledge; but care must be taken lest these forms usurp an undue influence over our judgment." We must, however, hasten over this part of the article, and at once notice M. Baillarger's essay—or, rather, Dr. Winslow's exposition of it, now before us.

All previous classifications are objected to by M. Baillarger, because they are founded exclusively upon psychological data; and he attempts to throw discredit upon this method by showing the contradictions existing between the definitions proposed by M. Delasiauve and M. Guislain. According to Delasiauve's classification, mental alienations are divided into *intellectual* or general, and *sentimental* or partial. "But," says M. Baillarger, "in the first rank amongst intellectual alienations you place mania. Now, M. Guislain tells us that mania is a disease of the moral, apyretic, irresistible, in which there is exaggeration of one or more of the phrenic functions, characterized, for the most part, by a state of agitation, or sometimes by a manifestation of action or violent passions. Thus, then, the kind of insanity which you regard as the type of intellectual alienations is precisely that which M. Guislain regards as a moral alienation." Thus M. Baillarger makes use of one theory to overturn another.

We now reach the definition upon which M. Baillarger founds his classification. He says that insanity has two sources—"the first of

which consists in the loss of the consciousness of the lesion of the understanding, the other in the want of power to control certain impulses." There may be lesions of the intelligence, but just so long as there remains a consciousness of these lesions the individual is not insane. So, also, a morbid impulse may exist, but there is no insanity until the will is overcome. Cases are given in illustration of these views, and he adds, "It results from these distinctions that *insanity is the privation of free will, in consequence of a disorder of the understanding.* It is important to remark, that free will represents both the integrity of the consciousness and of the will. Hitherto two very different elements of insanity have not been sufficiently distinguished—the lesion, on one side, and the loss of consciousness on the other." Dr. Winslow criticises this definition, not in a caviling spirit, but with an evident desire to arrive at a just estimate of its claims and value; and he shows conclusively that its fundamental character "rests upon an appreciation of the integrity or impairment of the intelligence, of consciousness or judgment, and of the will;" and hence it cannot be other than psychological, and, of course, it falls under the objections which M. Baillarger brings against all other definitions. And, in regard to the distinction which M. Baillarger makes between the lesion of the intelligence and the loss of consciousness, it is truly said that no notion of insanity is more general, and therefore the definition founded upon it cannot be new.

We very much prefer the definition given by M. Guislain, as being more comprehensive and more in accordance with the phenomena of mental diseases. He defines insanity to be a chronic, apyretic disease, in which the ideas and acts are under the control of an irresistible power; a change in the manner of feeling, conceiving, thinking and acting of the individual; in the attributes of his character, his habits; a state which contrasts with the sentiments, the thoughts, the acts of those who surround him; an affection which makes it impossible for him to act in a manner consistent with his preservation, his responsibility and his obligations towards God and towards society. This definition he condenses thus: Insanity is a derangement of the mental faculties—morbid, apyretic, chronic—which deprives man of the power of thinking and acting freely as regards his happiness, his preservation and his responsibility. But all definitions must necessarily be imperfect, for they are attempts to define what is really undefinable. The following is M. Baillarger's classification:

MENTAL DISEASES.

General Pathology.

Elementary Lesions of the Understanding.

Partial.	*General.*	*Primitively Partial, but tending to become General.*
Delirious conceptions.	Depression of the intelligence.	Dissociation of ideas.
Uncontrollable impulses.	Exaltation.	Abolition of the intelligence.
Hallucinations.		

The Elementary Lesions of the Understanding may exist:

1. With preservation of the reason. 2. Accompanied by insanity.

Insanity, the Consequence of the Lesions of the Understanding.

Two kinds of insanity characterized:

The first,	The second,
By the loss of consciousness of the lesions of the understanding.	By the simple inability of the will to resist certain impulses.

Special Pathology.

Forms of Mental Diseases.

SIMPLE FORMS:		MIXED FORMS:
Curable.	*Incurable.*	
Monomania (partial lesions.)	Incoherent dementia (dissociation of ideas.)	Combinations of the curable forms, or of curable forms with incurable.
Melancholia (general lesion: depression.)	Simple dementia (abolition of ideas.)	
Mania (general lesion: excitation.)		
Insanity of double form (depression and excitation succeeding each other regularly in the same patient.)		

Mental Diseases,

Owing to a Specific Cause.	*Associated with Cerebral Affections, following upon, or symptomatic of, these Affections.*
Delirium tremens.	1. General paralysis.
Delirium produced by belladonna, datura, haschich, &c.	2. Convulsive affections, epilepsy, hysteria, chorea.
	3. Local organic affections of the brain.

Appendix.

Imbecility, simple cretinism.

Dr. Winslow's comments upon this table are just and discriminating, but we must leave our readers to form their own opinion of its value. The article closes with the following remarks: "We have now given a full exposition of M. Baillarger's classification of mental diseases. If we have been unable to adopt it unreservedly—if we have felt ourselves compelled to urge the difficulties in the way of its acceptation that occur to us, we are at the same time anxious to express our undiminished regard for the great talents, the vast experience and admirable candor of the author. He has failed in a task which has stimulated many noble, ambitious minds, but in which success would, *primâ facie*, appear to be impossible. He has made that clearer which was clear before—that psychology, both physiological and pathological, is not yet sufficiently advanced to admit of the full application of the inductive method. The classification of mental diseases will long continue to baffle the strongest intellects and the most accomplished physicians."

Article sixth is on Non-Restraint in the Treatment of the Insane. A circular was issued by the Commissioners in Lunacy last year, and addressed to the medical officers of all the principal lunatic asylums, hospitals, and licensed houses in England, requesting information in regard to the employment or non-employment of instrumental restraint or seclusion in the treatment of their patients. In an appendix to the eighth annual report of the Commissioners the answers are recorded, and Dr. Winslow here presents us with a somewhat extended analysis of them. He objects to the term *instrumental* restraint, used by the Commissioners, as calculated to convey a wrong impression to the mind. "It is at once suggestive," he remarks, "of iron chains, leg-locks, bolts, and other barbarous modes of confining the limbs of the insane, adopted during the dark ages." The term *mechanical* restraint is preferred, as being sanctioned by common usage, and well understood. Before proceeding with the analysis, attention is called to the following facts: In the first place, "many who have expressed an unqualified opinion in favor of non-restraint are men of limited experience;" secondly, "a few of the medical men whose answers are given admit into their houses a limited number of "nervous invalids"—a quiet class of patients not at all likely to require the application of mechanical restraint in their treatment;" thirdly, "many who have recorded their opinion in favor of unconditional non-restraint would, from their position, hesitate in giving utterance to views adverse to those that have so tenaciously fastened themselves upon the public mind;" and, fourthly, "others, from an early period of their career, have pledged themselves to *ultra* opinions upon this question," and therefore cannot be expected "to

MENTAL DISEASES.

General Pathology.

Elementary Lesions of the Understanding.

Partial.	*General.*	*Primitively Partial, but tending to become General.*
Delirious conceptions.	Depression of the intelligence.	Dissociation of ideas.
Uncontrollable impulses.	Exaltation.	Abolition of the intelligence.
Hallucinations.		

The Elementary Lesions of the Understanding may exist:

1. With preservation of the reason. 2. Accompanied by insanity.

Insanity, the Consequence of the Lesions of the Understanding.

Two kinds of insanity characterized:

The first,	The second,
By the loss of consciousness of the lesions of the understanding.	By the simple inability of the will to resist certain impulses.

Special Pathology.

Forms of Mental Diseases.

SIMPLE FORMS:		MIXED FORMS:
Curable.	*Incurable.*	
Monomania (partial lesions.)	Incoherent dementia (dissociation of ideas.)	Combinations of the curable forms, or of curable forms with incurable.
Melancholia (general lesion: depression.)	Simple dementia (abolition of ideas.)	
Mania (general lesion: excitation.)		
Insanity of double form (depression and excitation succeeding each other regularly in the same patient.)		

Mental Diseases,

Owing to a Specific Cause.	*Associated with Cerebral Affections, following upon, or symptomatic of, these Affections.*
Delirium tremens.	1. General paralysis.
Delirium produced by belladonna, datura, haschich, &c.	2. Convulsive affections, epilepsy, hysteria, chorea.
	3. Local organic affections of the brain.

Appendix.

Imbecility, simple cretinism.

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abandon a dogma upon which their whole reputation is based." The following remarks point so clearly to an abuse that may take the place of mechanical restraint, that we cannot forbear quoting them entire: "It will be impossible," he says, "to draw any sound conclusions from the evidence before us, without being fully acquainted with the *substitutes that have been used for the strait waistcoat, and other modes of mechanically restraining the insane.* Has not the frequent administration of nauseating doses of the tartrate of antimony, the shower and cold bath, in several asylums, taken the place of mechanical restraint, producing, as can be readily conceived by those conversant with the pathology of insanity, the most disastrous consequences? The use of the milder forms of mechanical restraint, in cases of acute and dangerous insanity, can do little or no permanent injury; but *the repeated and continuous exhibition of tartar emetic, chloroform, and stupifying doses of opium, with the view of subduing the muscular violence of the insane, and thus reducing them to a manageable condition, and obviating the necessity for mechanical restraint, may do serious and irremediable mischief;* and for the obvious reason, that the patient is compelled to take medicines which greatly depress the nervous system, at a time when everything should be done to sustain the *vis vitæ*, and give increased impetus to the nervous force. It does not require much sagacity to reduce, by these means, a violent lunatic to a state of composure and quietude; but we would caution all engaged in the anxious and responsible duties of treating the insane against the adoption of a course alike dangerous to life and perilous to reason. All who have recorded their opinion in favor of unconditional non-restraint, and who declare that no case of insanity can possibly arise in which it will be necessary, should be compelled to state to what extent they use the shower, the cold bath, opium, tartar emetic, &c., before we can attach any scientific importance to their view of the matter in dispute. "After carefully examining all the returns made by the Commissioners," he continues, "we have classified the men agreeably to the following form:

"1st.—Advocates for a qualified use of restraint.

"2d.—Advocates for the total abolition of restraint.

"3d.—Those who do not use restraint, but who give no opinion on the abstract question.

"4th.—Advocates for restraint in surgical cases.

"5th.—Those who give a qualified opinion on the subject of restraint."

The first class comprises about seventy names, and we notice among

them F. Winslow, M. D., of Hammersmith; John Thurman, M. D., of Wilts Co.; John Bucknill, M. D., of Devon Co.; John Wilkes, of Stafford Co.; Samuel Hill, of York Co.; Edward W. Monro, M. D., of Brook Haven; D. Noble, M. D., of Clifton Hall, and D. McIntosh, M. D., of Newcastle-upon-Tyne. The second class is less numerous. We find the names of John Hitchman, M. D., of Derby Co.; Donald Campbell, M. D., of Essex Co.; William C. Wood, M. D., of Bethlehem Hospital; and R. W. Diamond, M. D., of the Surrey Asylum, among those who advocate the total abolition of restraint; and Dr. Thomas Pritchard, of Northampton, and Dr. Laycock, of Helmsley, with several others, express no opinion upon the abstract question, though they do not use mechanical means in the treatment of the patients entrusted to their care. Dr. Conolly and Dr. Tuke, we observe, are classed with those who advocate restraint only in surgical cases. We will now select from the analysis the opinions of some of these gentlemen, commencing with those who maintain that mechanical restraint is never necessary. Dr. Lloyd Williams and Mr. G. T. Jones, of the Denbigh Lunatic Asylum, say, that "since the opening of the Asylum, in 1848, we have never had cause to deviate from the uniform and consistent practice of avoiding the slightest mechanical restraint in the treatment of the insane, beyond the occasional use of the padded room in cases of extreme violence; and the seclusion has been confined to as few cases as possible, and for as short periods as can be avoided. We have sedulously endeavored to impress upon our attendants that they are never to exhibit the slightest exhibition of temper or resentment for conduct, however violent or provoking; and that they are to practice the 'law of kindness' as the code by which the confidence of their patients is to be gained and their violence subdued."

When speaking of the substitutes for mechanical restraint, they observe, that in some cases of excessive maniacal violence we have successfully resorted to immersion in the cold bath, and in other cases to the application of a continuous stream of cold water upon the head, whilst the patient is sitting in a warm bath. The shower-bath is also found of much use in producing tranquillity in similar cases.

"Immersion in the cold bath," remarks Dr. Winslow, "and the application of a continuous stream of cold water upon the head are questionable modes of procedure, if adopted *merely* to produce *tranquillity* and subdue excessive maniacal violence: if used as curative means, in properly selected cases, well and good."

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Dr. Hitchman, of the Derby Asylum, says, that since 1843 "I have not sanctioned the use of any kind of mechanical appliance to control

the limbs of any refractory or suicidal patients; and I have not met with any case in which, with good attendants and a well arranged building, restraint appeared necessary: on the contrary, patients have been brought to the various institutions which have been under my care, who had been rendered more violent and more suicidal by the means taken to control them prior to admission."

Dr. Campbell, of the Essex Lunatic Asylum, uses no mechanical restraint. He observes: "I feel justified in stating it as my opinion, that personal restraint is in no case necessary for the treatment of insanity in a properly constructed asylum, and that in all cases it is prejudicial."

Dr. Diamond, of the Surrey Asylum, says, "I believe that any person who would now use personal restraint or coercion is unfit to have the superintendence of an asylum!"

Dr. W. C. Hood, resident physician at Bethlehem, says, "No form of mechanical restraint whatever is resorted to in this hospital. The non-restraint system, as it is called, is adhered to because it is found to be attended with the best and happiest results; whereas the confinement by straps, belts or gloves rather increases the excitement, irritates the patient, reduces the necessity of vigilant personal attendance, and not infrequently induces chronic or permanent mania. If, during great excitement, (which is generally paroxysmal,) the patient cannot be soothed by kindness, temporary seclusion in the bedroom, or, if dangerous, in the padded room, will usually be found sufficient; if not, the administration of sedatives. I prefer giving a full dose, and repeating it in four or six hours. Should the excitement be persistent, and the patient of robust habit, the sedative effect of the anodyne will be of little use. In such cases I have found much value in prescribing small and repeated doses of antimony—a third or half a grain three times a day in solution. I am of opinion that the excitement is consequent upon irritation, and not inflammation; and therefore, unless strongly indicated, always eschew depletion."

Mr. R. G. Hill, of Lincoln, says: "Perfect non-restraint is practicable, for it has been well tested; it is humane, as all must acknowledge; it contributes to the comfort, the cheerfulness and the recovery of the insane; it is also safe, for no serious or fatal accident has occurred in consequence of it—constant surveillance has prevented this; it soothes the patient, keeps his angry and revengeful passions at rest, gives him the power to assist himself, and thereby prevents his falling into habits of hopeless filth and misery; and I venture to pronounce of it that it is the system which must and will ultimately prevail in every asylum."

We now turn to the opinions favorable to a qualified application of mechanical restraint, from which we make the following selections.

Dr. J. C. Bucknill, of the Devon County Asylum, who has returned an able and full report to the circular of the Commissioners, makes the following important admissions: "In the Devon County Asylum restraint is never employed, except in surgical cases; in these, of course, the same principles must be adopted for the insane as are necessary for the sane, to insure that absolute quietude of parts which is essential for the advantageous conduct of the healing process. It is not denied that cases have occasionally arisen in which it has been difficult in the extreme to avoid the imposition of restraint; for instance, those of suicidal patients, who have endeavored to effect their purpose by thrusting articles of clothing and other substances down the throat, by beating the head against the wall, and by other means, which are scarcely capable of being obviated by any watchfulness on the part of the attendants. A patient is still resident in this Asylum who endeavored to commit suicide by lacerating the veins of the forearm with his teeth, and who bit out from his arm large pieces of flesh in the attempt. Had these efforts continued, it would not have been possible to have avoided the imposition of restraint, except by defending the arm by hard leather sleeves—by restraining the teeth, in fact, instead of the limbs. The occurrence of such cases, however infrequent they may be, renders it impossible to deny that the imposition of mechanical restraint may, in rare instances, be necessary for the safety of the patient."

Dr. Wilkes, of the Stafford County Asylum, makes the following remarks: "With every disposition to advocate the disuse of restraint to the utmost extent, I am compelled to admit that the result of my experience in this Asylum, up to the present time, leads me to the conclusion, that cases may occur in which its temporary employment may be both necessary and justifiable. Besides the occasional use of some means of confining the hands, when feeding patients by means of the stomach-pump, a more prolonged use of restraint was found necessary in two cases which occurred some years since. One of these was a man with so determined a suicidal disposition, that on more than one occasion he nearly effected his purpose, by trying to beat his head and face against the walls, to throw himself from tables and chairs, and thrust spoons and other articles down his throat. When first admitted he was not suspected of having any suicidal tendency, and for some weeks did not show any. As a matter of precaution he slept in a padded room, and one night he so battered his head with a tin chamber utensil that he was found nearly dead from loss of blood, and his life was

subsequently in much danger from extensive sloughing of the scalp. In this case it was absolutely necessary to confine the hands to keep any dressings on the head; and after the wounds had healed, and the confinement to the hands had been discontinued, he wore a thickly padded cap for many months. Several years after this he bit both his little fingers off; and though the suicidal disposition has in a great measure subsided, he is still at times much excited, but does not require any restraint. The second case was one of acute mania in a powerful young man, who refused all food, under the impression that it was poisoned, and imagined that every one who went near him intended to murder him. Every inducement to get him to take food was in vain; and though a sufficient body of attendants, under my own inspection, attempted to do what was necessary for him, he became so much bruised with holding him in his struggles to assail the attendants, and it was so urgently requisite that food should be introduced into the stomach, that I decided upon confining his hands, and both food and medicine were then readily administered. The result certainly justified the means employed, as the excitement soon subsided and he recovered rapidly."

Dr. Thurman, of the Wilts County Asylum, after stating that there is literally no instrument of coercion in the institution, observes, that he "is not of opinion *that in no possible case is it justifiable or proper to have recourse to personal restraint.* There are, he believes, rare instances in which it may be needful temporarily to resort to it; in order, for example, to prevent the removal of surgical apparatus, or in some anomalous cases of perverted instinct, among which may be adduced that, now and then observed, of the patient manifesting a determined propensity to gnaw his own flesh. Such instances are, however, truly exceptional; and the writer entertains a very strong conviction that the officers and attendants in an asylum should be trained to the habitual disuse of mechanical restraint; and that it should be on no account resorted to by the medical officers in charge, except upon very grave deliberation and after the failure of all other methods."

Dr. Sutherland says he agrees with Dr. Conolly, "that restraint cannot be dispensed with in all cases and under all circumstances with benefit to the patient." It is but just, however, to remark here that Dr. Conolly only admits the necessity of restraint in surgical cases.

Dr. Forbes Winslow gives his opinion at some length in favor of the qualified use of mechanical restraint. He says: "Mechanical restraint is rarely resorted to in the establishments under my management, except when its application is rendered absolutely necessary for the pro-

tection of human life, and the prevention of habits subversive of health and obviously inimical to recovery. For many years the strait waistcoat has not, excepting in one or two cases presenting peculiar and anomalous features, been used in either of the asylums under my care." He then cites a case in illustration, and observes: "In this, as in every other case, no servant of the establishment has the power of applying any kind of mechanical restraint without the sanction of myself or of my assistant medical officer." He subsequently states, that, "as a curative process of treatment, gentle and modified mechanical restraint is occasionally beneficial. I have no hesitation in recording this to be my deliberately formed opinion. Patients have often expressed a wish to be placed under mechanical restraint, should I, in my judgment, believe that they would, when much excited, commit overt acts of violence and be dangerous to themselves and others. In cases like these, mechanical restraint may for a short period be applied, not only without detriment, but with positive advantage as a curative process. Several instances illustrative of this fact have come under my observation. I have seen cases in which no food or medicine could be administered without subjecting the patient to restraint. In these cases, if all idea of cure had been abandoned, and I could have reconciled it to my conscience to allow the disease to take its uninterrupted course, and have permitted the patient to exist upon the minimum amount of nutriment, and take no medicine, all restraint might easily have been dispensed with; but, considering the cure of my patient paramount to every other consideration, I had no hesitation as to the humane and right mode of procedure. Whilst recording these particulars, conclusively demonstrative, according to my humble judgment, of the propriety and necessity of mechanical restraint, under peculiar and pressing circumstances, I wish the Commissioners in Lunacy distinctly to understand that I have no hesitation in admitting that, as a general principle in treating the insane, mechanical restraint and prolonged seclusion should undoubtedly be dispensed with. In the management of the insane, and in the conduct of asylums, both public and private, the principle of treatment should consist in a full and liberal recognition of the importance of extending to the insane the maximum amount of liberty and indulgence compatible with their safety, security and recovery; at the same time subjecting them to the minimum degree of mechanical and moral restraint, isolation, seclusion and surveillance consistent with their actual morbid state of mind at the time. It is also necessary to bear in mind, as an essential principle of curative treatment, the importance of bringing the insane, confined in asylums, as much as possible within the sphere of social, kindly and domestic in-

fluences. In many cases isolation, seclusion, and an absolute immunity from all kinds of stimuli, physical and mental, are, during the acute and recent stages of insanity, indispensably necessary to recovery; but, in certain forms of melancholia, monomania, and in some chronic, morbid states of mind, no mode of moral treatment is productive of such great curative results as that now referred to. I need not observe that this system of treatment cannot be adopted, except in those establishments where there is an active, experienced and intelligent resident medical officer, who fully appreciates the great value of such homely, family influences upon the minds of the insane."

Dr. McIntosh admits that "instances do occur wherein mechanical restraint becomes a necessary and salutary agent of cure. I am of opinion, after a practical and almost daily observation of above twenty years' residence in an asylum, that the non-restraint system has many decided advantages; but it has a limit, beyond which it is dangerous to go; and cases do occur wherein mechanical restraint really proves salutary, and is the only means of relieving the system and preserving life. I look on the non-restraint system as generally sound and practicable, but the total disuse of it I consider as unsound and sometimes fatal in practice. The abuse of restraint all rational men must condemn; but on that account to fly to an opposite and most dangerous extreme, from fear of doing one's duty, or to establish a principle, is what no honorable mind would sanction or encourage."

It would seem that a large number of English Superintendents are of the opinion that a judicious application of mechanical restraint is sometimes justifiable and necessary. They admit that cases do occur in which the insane must be restrained to prevent injury to themselves or others; at the same time they would dispense with all coercion, restraint and seclusion, as far as is consistent with the ultimate welfare of their patients. Dr. Winslow's views upon this question are marked with his usual good judgment, and are, we think, most in accordance with the true principles of humanity. It is quite too common for persons who take an ultra position to condemn indiscriminately all who differ from them, and we see this illustrated in the replies to this circular of the Commissioners in Lunacy.

Dr. Diamond asserts that any person who would use personal restraint or coercion is unfit to have the superintendence of an asylum. This is truly a very bold assertion. We concede to Dr. Diamond skill and experience in the management of the insane, and would add that the Surrey Asylum deservedly ranks high among the well regulated institutions of England; but we hesitate to receive such a sweeping

condemnation of the advocates for a qualified use of restraint. Admitting that Dr. Diamond, in his six years' experience, has met with no case which he could not manage without resorting to mechanical restraint, does it follow that no possible exigency might arise in other asylums in which its application would be demanded? The reply of Dr. Wilkes is conclusive on this point, and even Dr. Conolly has found restraint necessary in surgical cases. In American asylums such cases as Dr. Wilkes describes are of more frequent occurrence than in the asylums of England. Two patients have come under our observation during the past month in whom the disposition to self-injury was so strong and persistent that all attempts to control them without resorting to mechanical restraint were unsuccessful. In one case the suicidal propensity was co-existent with maniacal excitement. Two attendants stood by the bedside of this patient for two days and nights, holding her hands and feet, and yet, with the utmost care and gentleness in the use of the necessary force to control her, her limbs became so swollen, and she succeeded in inflicting so many bruises upon herself, that a longer persistence would have been cruelty. A camisole was applied, remedies administered, and she soon fell into a sleep, from which she awoke more tranquil. This patient is now calm and comfortable. In the other case there existed the same obstinate determination to commit suicide, and the same means of restraint were employed. Both of these patients would beat their heads against the walls, floors or bedsteads,—would attempt to open their veins with their teeth, to thrust out their eyes with their fingers, to injure themselves with pins and needles, and to suffocate themselves with pieces of cloth. These, we are aware, are extreme cases, and they are mentioned to show the incorrectness of an ultra opinion. It is not humanity to sacrifice such patients that we may retain our seat astride of a favorite hobby, nor do we think it an indication of high-toned philanthropy to use such a "bold" and uncharitable assertion as the one we have quoted.

In connection with this subject we will allude briefly to a paragraph occurring in the course of an article, by Dr. Bucknill, in the November number of the *Asylum Journal*, of which he is the editor, "On the Proceedings of the Ninth Annual Meeting of the Association of Medical Superintendents of American Asylums for the Insane." The covered bedstead referred to by Dr. Bucknill was used by the late Dr. Brigham, who believed it to be highly useful in some cases, and the attention of the Association was simply called to a *modification* of it: no claim was made to originality. Dr. Bucknill seems to have formed an erroneous opinion, both in regard to its nature and object. It is neither "a box with a ventilating lid" nor is it designed to confine "irritable and restless

lunatics." It is constructed precisely like a child's crib, with the addition of a light lattice cover to prevent the patient from getting out of bed, but imposing no other restraint upon the movements. The occupant, we can assure our contemporary, is quite as comfortable as he would be in an ordinary bed; and we believe its use to be as consistent with the "humane treatment" of the insane as the padded rooms for the seclusion of excited patients which we have seen in English asylums. We would not be understood as expressing the opinion that such rooms are inconsistent with kind and humane treatment, for we feel confident that in no part of the world are the insane better cared for than in the asylums of England, and we simply claim that the same spirit of humanity pervades American asylums: this is said in no boasting spirit, but is called out by the tone of the remarks in Dr. Bucknill's journal.

This covered bedstead is used at Utica in a very limited number of cases: we will summarily give one or two in illustration. A patient is admitted with acute exhaustive mania, his pulse is rapid and feeble, he is constantly in motion—at one moment rolling upon the floor, the next in a violent struggle with some imaginary enemy—he resists every attention, and, unless his frantic exertions are controlled, and he is kept in bed, and remedies administered, he sinks rapidly and dies. We have seen this termination in some cases. Such a patient is placed in a covered bed, medicine is given, he becomes calmer, and in a short time is convalescing favorably, and at the expiration of a few months is entirely restored. Again: a patient under the influence of strong delusions stands upon his feet night after night, until he becomes enfeebled and emaciated to such a degree as to endanger his life. He is placed in such a bed, he rests quietly, his appetite improves, he gains flesh and strength, and ultimately recovers. These results show the use of such means to be not only humane but curative, and are a sufficient answer to the doubt expressed by Dr. Bucknill, who is himself an advocate for the *qualified* use of mechanical restraint.

The seventh article contains reports of three trials in lunacy that have recently occurred in England. Two of them are civil cases; the third is the trial of a mother for the murder of her six children, and is entitled to the attentive consideration of all who are interested in criminal jurisprudence. We will endeavor to present our readers with a brief analysis of each.

Roberts *vs.* Kerslake.—The will of Mr. Roberts was disputed on the ground of insanity. He had carried on the business of a grocer and general dealer for many years, and retired in 1849, after having amassed a considerable fortune. He made his will entirely in favor of his wife

on the fourth of December, 1853, and died in February, 1854. The will was disputed by a sister, the only near surviving relative and heiress-at-law. The question at issue was, whether on the 4th December, 1853, Mr. R. was of sound and disposing intellect. On the part of the plaintiff, who affirmed that Henry Roberts duly made and executed his will on the said 4th December, 1853, several witnesses testified that they had known Mr. R. intimately, that he was always peculiar, and that they had observed no change in him up to November, 1853, when they last saw him. Mr. Wallington, who wrote the will, says: "He was less depressed in spirits on the Sunday when he signed it than I had seen him for a long time. He was calm and collected, and free from despondency." In another place he states that Mr. R. was "quite free from excitement, and he thought him perfectly competent to dispose of his property." Mrs. Roberts had observed that he was growing "irritable and excited in mind;" but she considered that his capacity to attend to matters of business was unimpaired. The day previous to the execution of the will "he was very much excited, and refused to take medicine, saying that his life was too valuable to his wife." On the Sunday in question she states "that he was calm, and that she perceived no indication of his mind being affected." Dr. Franklin, his attending physician, was called to see him on Friday, the 2nd of Dec., and found him nervous, feverish and excitable, which he attributed to a congested and enlarged state of the liver. Dr. F. saw him again on Saturday and he was still more excited, and it was considered necessary to take the precaution of having two men in the house. He refused medicine and resisted all efforts to persuade him. "Visited him again Sunday morning, about ten. He was composed; there were no remains of excitement or delusion. Thought him of sufficient capacity to execute his will." The following Tuesday Mr. R. was worse, and on the 8th or 9th of Dec. he was violent and required restraint. He subsequently improved, but grew worse again in January, and died on the 1st Feb., 1854. "In the latter part of the disease," Dr. F. remarks, "it was very evident that there was either a structural alteration or a congestion of the brain." Dr. Conolly saw Mr. Roberts on Tuesday, Dec. 6th, 1853. "He was walking about the house with his hat on, was restless and confused. He answered questions distinctly, and there was no manifestation of violence. In the evening of the same day he was more quiet. On the following morning found him very remarkably improved. There was no appearance of confusion; he was quite calm and clear, and, he might say, quite rational. Did not see him again after Wednesday morning. Wrote to Mr. Alderton (the attendant) on the day that he arrived at Leamington, seeing that Mr.

Roberts was so confused, thinking that he might walk out or get into danger, and thinking that he was not fit to take care of himself, and wanted a person near him. He was also induced to do that from the information he had received, that he had been more troublesome than he was then. From the great improvement which took place between the first day and the second, he thought that medical treatment would have a great control over the mental and bodily health. Hoped with a bodily improvement the mind might be entirely restored; but he thought him seriously ill. Thought that both his mental and bodily states were seriously affected, and that he would die. With regard to the morbid appearances of the brain after death, he confessed his opinion to be, that the disease of the brain, as disclosed by the *post-mortem* examination, was not altogether of a standing so recent as the 4th Dec. From what he saw of him on Tuesday, and the remarkable change which he observed in him on the Wednesday, it is clear that he might have had such distinct changes before then, and he might have them often. 'It was not a slight change in the testator's state, but a very striking one—a complete change. From the change on the Wednesday he had no doubt that he was fully competent to make his will on the Sunday, the 4th. From what he saw of him on Tuesday only, he should have doubted that!' We beg our readers' particular attention to this opinion."

On behalf of the defendant several witnesses were examined who had been acquainted with Mr. R. for many years and thought him changed. He was more excitable, talked very loud sometimes, and conducted himself unreasonably. One witness saw him in October, 1853, singing, whistling and dancing in a very excited manner; another, a police officer, testified that Mr. Roberts came up to him while he was on duty in the streets in the afternoon of Saturday, the 3d of December. The day was cold, but he had his coat and waistcoat unbuttoned, and his slippers were down at the heel. "He called me to him and said he wanted two policemen to protect him,—that Dr. Franklin was going to kill him. He appeared to be very much excited and in a deranged state of mind." This witness also states that he had previously seen Mr. R. riding furiously through the streets,—that he had spoken to him, and told him that he must desist from it,—and further, that if he had not known Mr. R. he should have taken him to the lock-up as an escaped lunatic. Other witnesses testified to his being excited on the Friday before the execution of the will, to his depressed and desponding state of mind during the day on which he signed it, and to his subsequent excitement. That he was insane both before and after the will was made seems to have been conceded; but the object of the plaintiff was

to prove, that on the 4th Dec., the day he signed the will, his mental capacity was sufficient to know the nature and consequences of such an act. We will now present the opinion of Dr. Winslow, based upon the evidence and the *post-mortem* appearances.

"Dr. Forbes Winslow was examined by Mr. Sergeant Miller, and said: 'I have read the account, drawn up by Drs. Jeaffreson and Franklin, of the *post-mortem* examination of Mr. Roberts, and have well considered its details. I am satisfied that the structural changes there described must have been of some months', if not of longer, duration. If I had seen the morbid appearances described by these physicians, I should have had no difficulty in predicating that the person whose brain was so altered in its structure must have, during life, manifested a disordered state of mind: this derangement may, and probably did, exist for some time prior to death. Considering the *post-mortem* account, I entertain no doubt that the structural alterations there described must have been progressing for some period—certainly for months, and probably for years. Such a condition of brain would, perhaps, in the first instance, give rise to eccentricity of conduct and irregularity of thought, which might escape observation until the disease of the brain, and consequent disorder of the mind, reached a further stage; and then obvious and unmistakable symptoms of insanity would be manifested. Diseases of the brain, as a general principle, are of slow and almost imperceptible growth. Referring more particularly to the account of the *post-mortem* examination, now before me, I observe it recorded, that "the cranium was exceedingly thick." I do not attach much importance to that fact; for, although such a condition of the bones of the skull is one of the recognized symptoms of long-continued cerebral disease and chronic insanity, it may exist, as a normal condition, without disease of the brain or insanity. It is notorious that men of great ability have had thick skulls;—such was the case with professor Porson. Looking at this symptom alone, I would attach no special value to it; but I think it assumes importance when viewed in association with the other brain conditions described in the *post-mortem* examination. The attachment of the "dura mater" to the skull in the "mesial line" is said to have been very firm. This is a morbid appearance frequently discovered in cases of chronic insanity. Again: "the pia mater was found to be exceedingly vascular:" this is an important symptom, as this membrane immediately invests the brain, and dips down between its convolutions. A highly congested and vascular state of the pia mater could not have existed without considerably disordering the functions of the brain. But I attach more weight to the next morbid appearance described in the *post-mortem* account. I find it stated that "the arachnoid membrane was universally distended

by a large amount of serum effused underneath it; the membrane itself presenting, in many parts, the appearance of being somewhat thickened; and, in almost all, of being more opaque than natural. At the base of the brain the sub-arachnoid effusion was, if anything, even more abundant than on the upper parts." There are no morbid appearances of the brain more generally discovered after death in cases of insanity—and insanity, too, of some duration—than such a state of the arachnoid membrane and sub-arachnoid effusion." Such a condition, in my opinion, is incompatible with sanity. If I had examined Mr. Roberts's brain, and had known nothing of the state of his mind prior to death, I should have concluded, after having detected the appearances detailed by Drs. Jeaffreson and Franklin, that he had died from an attack of insanity extending over many months.'

"Sergeant Miller: 'I have in my hand the last edition of Professor Taylor's "*Medical Jurisprudence.*" I find in it the following paragraph: "In some cases a medical practitioner may be required to state whether certain appearances found in the brain of a deceased person do or do not indicate the past existence of a certain degree of insanity or imbecility. The appearances commonly met with on inspection are, thickening of the bones of the skull, close adhesion of the dura mater to the skull, great congestion of the pia mater, and opacity and thickening of the arachnoid membrane." Do you agree in the opinion thus expressed?'

"Dr. Winslow: 'Yes; I find the appearances of Mr. Roberts's brain described by Drs. Jeaffreson and Franklin in phraseology exactly similar to that used by Professor Taylor.'

"In answer to other questions Dr. Winslow said: 'As Mr. Roberts's mind must have been affected for some months, it would be difficult to describe where eccentricity ended and insanity commenced. It would be impossible, judging from the alterations found in his brain after death, without evidence as to his state of mind, to give any satisfactory opinion as to the period when he was reduced to such a state as to be incapable of doing a rational act. I consider that much of the eccentricity and oddity described by the witnesses, and which were evidently changes from his natural mode of thinking and acting, to have been the effects of incipient disease on the brain. The commencement of attacks of insanity and brain disease may be traced back, in many instances, for some years. When positive disease of the brain and obvious insanity manifests itself, and we examine the past history of the case, with the view of tracing it to its incipient stage, we often are able to detect well-marked symptoms of mental disease, manifesting itself in the conduct and thoughts of the party, that had entirely escaped the observation of the patient's relatives and friends. Such a state of mind might exist for

a considerable period, even for years, without exciting any suspicion as to the actual condition of the mind, unless the person so affected were to be attacked by some acute bodily disease, or exposed to the influence of a severe moral shock; then, in all probability, the incipient disease of the brain and mind would reach its crisis, and positive and unequivocal insanity develop itself. The mind may be fluctuating between sanity and insanity, and in a morbid and unhealthy state, without exhibiting any obvious manifestations. In considering the value to be attached to structural alterations of the brain, it is important to make a distinction between morbid changes detected in the gray or cortical, and that which is termed the medullary or fibrous portion of the brain substance. You may have organic alterations in the interior and less important parts of the brain, without obviously affecting the mind. There may be softening, tumours, and even abscesses, existing in the white or fibrous portion of the brain, without insanity; but no serious disease, congestion, or alteration of the cortical or gray matter on the surface of the brain can be present without disturbing the operations of thought and deranging the mind. The slightest pressure on the exterior of the brain, even to the extent of a drop of blood, or effusion of a small quantity of serum, may make all the difference between the possession of reason and insanity. I refer to this well-known pathological fact with the view of explaining why I attach so much weight to the "abundant sub-arachnoid effusion" that was discovered in Mr. Roberts's brain after death.'

"The Judge: 'Dr. Winslow, if you had seen Mr. Roberts's brain, I presume you could have come to a more satisfactory opinion as to the probable duration of the disease?'

"Dr. Winslow: 'Certainly. Having heard Mr. Roberts described as a man of determined will and of much vigor of mind, I am of opinion that, coupled with the other symptoms of his case, the fact of his crying when he went to the piano-forte maker was a sign that the mind was not then in a healthy condition. In insanity there is often alternately fits of excitement and depression. In incipient insanity, depression is frequently the result of bodily disease. During attacks of the acute forms of insanity, the patient occasionally exhibits transient moments of apparent calmness and lucidity, during which he is often able to recognize his own morbid state of mind, may appear to talk coherently and rationally on some trivial and unimportant points, and yet the disease of the mind be continuous. I have often had under my care cases of the kind.'

"In answer to a question from the Judge, Dr. Winslow said that he did not agree with the other medical witnesses, that the state of Mr. Roberts's mind entirely arose from the condition of the liver. The disease of the liver might have been the primary affection, the brain, from sym-

pathy with that organ, being secondarily implicated; but, whether the disease of the brain was primary or secondary, the results were, according to his judgment, practically the same. I have heard detailed the symptoms manifested by the deceased on the Friday and the Saturday, and the delusions he then had, and his refusal on the Saturday to take medicine from Dr. Franklin, alleging that his life was too valuable to admit of his doing so. I have also heard it stated that on the same evening he called in a constable to protect him from Dr. Franklin, under the impression that he had designs on his life. I consider that at this period he was undoubtedly laboring under insanity. Considering his pertinaciously refusing to take the medicine from Dr. Franklin, and coupling that with the observations he made about his life being too valuable, with the fact of his not refusing to take the medicine that Dr. Conolly prescribed, I am of opinion that this was a delusion. He was evidently under the impression that he was going to be poisoned. I think there could be no doubt, from the evidence, that he was insane on the Friday and the Saturday, and that on the Monday he was unquestionably in the same condition. I am also clearly of opinion that he was in the same state on the Tuesday and on the Wednesday. I can come to no other conclusion, if any credence is to be attached to the evidence of Alderton, Shepherd, and Smith, who had the charge of him on that day, were constantly about his person, and who speak positively as to the presence of various delusions existing in his mind. I now refer particularly to Wednesday, when Dr. Conolly considered him free from all insanity. Considering his undoubted and admitted insanity on the Friday and Saturday, the 2d and 3d December,—his unmistakable insanity on the Monday, Tuesday and Wednesday, the 5th, 6th and 7th of December, and which state continued, with but slight variations, up to the period of his death,—bearing in mind that there was an absence of all scientific test as to the state of his intellect on the Sunday,—and associating with this the serious organic changes found in his brain after death, and which must have been of some months' duration,—I do not think that on the Sunday, the 4th of December, Mr. Roberts could have been of sound mind. If the insanity of the Friday and Saturday was the result of structural alterations in the brain, those must have existed on the Sunday, in all probability affecting his mind on that day. He might have had, on the Sunday, a temporary lull, and apparent calmness and freedom from excitement; but this condition of mind is quite consistent with unsoundness. I do not consider the symptoms those of delirium, but of insanity. The morbid appearances of the brain after death conclusively establish this point to my mind. If the attack had been one of delirium and not insanity, the state of the brain would have been very different. If, on ex-

amining the brain, Drs. Jeaffreson and Franklin had merely discovered a slight congestion of the surface, amounting to a mere blush or a fulness of the vessels, it would have somewhat altered my opinion as to the character of the mental disease. The alleged subsidence of the insanity on the Sunday is no proof of the mind being then in a sound and disposing state. A person may have an attack of organic disease of the lungs, indicated by impeded respiration, cough, purulent expectoration, fever, emaciation, &c., and all these symptoms may be considerably relieved by appropriate treatment; and, at times, the patient may appear free from serious pulmonary disease; but as long as the structural change exists in the lungs, he could not be said to have healthy organs of respiration. It is exactly so with disease of the mind, the result of organic mischief in the brain: the moments of apparent calmness and rationality are illusory, the mind actually continuing during the whole of the attack in an unsound state.'

"'My opinion as to Mr. Roberts's unsoundness of mind on the Sunday is strengthened by the absence of all tests as to his actual state on that day. If his mind had been examined on the Sunday, with the view of ascertaining his capacity, my opinion might be modified. If I had seen him on the Sunday, for the purpose of testing the state of his mind prior to his executing a will, I should have asked him several questions as to his family, and whether there were not persons who had claims upon him. I should have ascertained if he knew the extent and nature of his property, and particularly if all the morbid delusions of the Saturday had entirely passed away from his mind. No examination of Mr. Roberts's mind on the Sunday less stringent than this would have satisfied me as to his power of disposing of his property.'

"The Judge: 'Do you agree with Dr. Conolly in opinion that there may be considerable structural disorganization existing in the brain without insanity?'

"Dr. Winslow: 'Not without considerable qualifications. There may be structural alterations in the white or fibrous portions of the brain without producing obvious insanity; but, according to the received dicta of eminent pathologists, there can be no organic changes in the gray or cineritious parts of the brain without affecting the operations of the mind. The gray or cortical substance is considered to be the seat of the intellect, and the source of the nervous power.'

"The Judge: 'Do you agree with Drs. Conolly and Taylor, that it is a common symptom, in attacks of acute insanity, for the delusions to be fixed and permanent?'

"Dr. Winslow: 'I do not. In acute insanity the delusions frequently

change; in chronic insanity and monomania they are generally fixed and permanent.'

"Dr. Winslow, in continuation, said: 'If there had been no such evidence of serious structural disease of the brain, I should have given a much more qualified and doubtful opinion. The fact of his asking questions of friends, and conversing with them, is consistent with the continued presence of insanity. This feature is present in many cases of undoubted mental derangement.'

"The Judge, after reading the account of the disease of the liver, as stated in the *post-mortem* examination, asked the witness whether he did not consider the disease of the liver had been of long duration?

"Dr. Winslow: 'Yes, for many years.'

"The Judge: 'Does that enable you to say the primary cause of disease of the brain was not disease of the liver?'

"Dr. Winslow: 'It is very difficult to tell. It is possible that the disease of the liver and the brain may have gone on *pari-passu*.'

"The Judge: 'Which is the most probable?'

"Dr. Winslow: 'I should imagine that the disease of the liver was the primary affection.'

"The Judge: 'Don't you conceive it one of the best rules, when the question is one of degree, to look at a man's conduct and demeanor as a means of judging of his capability?'

"Dr. Winslow: 'Certainly.'

"The Judge then read the following portion of Dr. Taylor's evidence: 'I think that the state of the liver fully accounts for the state of the brain, the delusions being the result of delirium from bodily disease.' 'Do you agree in that opinion?'

"Dr. Winslow: 'I do not.'

"The Judge: 'Do you agree with Drs. Taylor and Conolly, that the surface of the brain may be deranged without producing insanity?'

"Dr. Winslow: 'I cannot do so without throwing aside all the well-established and recognized facts of pathology.'"

We have given this testimony entire, because it embraces all the important points at issue in the case, and we would call the particular attention of our readers to the views expressed by Dr. Winslow wherein he differs from Drs. Conolly and Taylor. A careful perusal of all the testimony leads to the conclusion that Mr. Roberts was insane when he executed his will. The act itself, right and proper as it may have been, does not argue that the mind of the testator was sound. The jury returned a verdict in favor of the will. Dr. Winslow remarks, in concluding his notice of this case, that, "If the attack of insanity, which obviously existed on the Friday and Saturday, and that had been for

months progressing towards a crisis, entirely subsided on the 4th December with all its palpable manifestations that were observed on the two preceding days, only to recur again on the Monday, Tuesday, Wednesday, and until his death; if such a state of things *actually occurred*, in order to enable Mr. Roberts to execute his will in a sane state of mind on the Sunday, the insanity, we are bound to confess, was extremely facile, and very accommodating in its character!"

The DUKE OF MANCHESTER *vs.* BENNETT is the next case, and was tried before Baron Parke, the principal question at issue being, whether the Duchess of Manchester, at the time she bequeathed her property, was of sound and disposing mind. The evidence clearly established the existence of epilepsy and mania. For several weeks before her death, her nurses testify that she was never twenty-four hours free from delusions. The jury returned a verdict sustaining the will. The decisions in both of these cases seem to us to have been contrary to evidence, however equitable it may have been to sustain the wills.

We have already alluded to the important character of the criminal case, and will now proceed to lay so much of the evidence before our readers as may be necessary to a correct appreciation of the mental condition of the accused. Mrs. Brough was put on trial for the murder of her six children, and acquitted on the ground of insanity.

"Henry Woolgar said: 'I am a laboring man, and reside at Esher. On Saturday morning, the 10th of June, about a quarter to six o'clock, I was passing the prisoner's cottage, when I saw a pillow, covered with blood, hanging from the window of one of the rooms. A man, named Peastly, came up, and he rang the bell of the cottage. No answer was given, but I fancied I saw a shadow of some person moving in the house. I got a ladder and placed it against the window, and ascended it, and looked into the room. I then saw the prisoner standing at the top of the staircase, and I saw that her throat was cut, and her hands and face were covered with blood, and her hair hung about her face. She was making a whistling noise, apparently from the wound. I descended the ladder and went for a doctor, and when I returned I saw the prisoner lying on a bed in the house. The prisoner appeared to be waving a towel or a cloth in her hand when I first saw her, and she seemed to desire to obtain some assistance. The prisoner knew me by name, and I recognized her, although she was so much disfigured. The blood was spurting from her throat. I cannot say whether the whistling sound was caused by her endeavor to speak. The window where the pillow was

placed was the one that a person in the cottage would come to who wanted assistance from the public road. I heard a noise in the house, as though some person was walking about down below; and when I ascended the ladder the person came up stairs close to the window. I have frequently seen the prisoner with her children, and she always appeared to be very good and kind to them.'

"John Crockford said: 'I lived about twenty yards from the prisoner's house, and I was in my garden on the morning in question. In consequence of something I heard, I went to the cottage and ascended the ladder the last witness had placed there. I saw the prisoner lying on the bed, and I got in at the window and saw one child (William) lying on the ground with his throat cut. I saw two other children with their throats also cut. The prisoner was lying on a bed in the same room. Upon going down stairs I found the front door half open. In another room I found three other children all with their throats cut and quite dead. While the prisoner was on the bed she moved her hand and nodded her head, but she did not attempt to speak. Several other persons were in the house when I went in. The first child I saw was lying in bed in a little side room. He was dressed in his night clothes. In the room where the prisoner was there were two children: they were lying on the bed in their night clothes. The prisoner was lying on the same bed and almost touching them. When she saw me at the window she nodded her head at me and moved her hand, as if asking for assistance. The other three children were lying on one bed and undressed. I did not notice any blood on the bolt of the front door. The prisoner always seemed very kind and attentive to her children. The prisoner had a shawl over her shoulders. I cannot say whether she was dressed or not.'

"Mr. Superintendent Biddlecomb said: 'I went to the cottage of the prisoner on June 10th, about eleven o'clock. I had known her before. When I went in I saw a boot of a female saturated with blood, and the bolt of the front door was also bloody, apparently as if it had been drawn back by a bloody hand. Upon going up stairs I saw the dead bodies of three of the children in a small bedroom. All these children had their throats cut, and the girl also had a wound on her shoulder. I found the prisoner in another bedroom. She was alone at this time, the dead bodies of the children having been removed. She was in bed and persons were attending upon her. I asked the prisoner if she wished to speak to me, or if there was anything she requested, and she said, 'No.' I gave the necessary directions and left the house, and returned on the following day, and I was then told the prisoner wished to see me. I went to her and told her who I was, and she said she had been telling an officer all

about it, thinking that she was speaking to me, but as I was come she would like to tell me all about it. I begged of her to be careful what she said, for it would be my duty to take down everything she said, and produce it in evidence against her. I cautioned her a second time, but she persisted in making a statement, which I took down in writing. On the following day I saw her again, and I told her I wished to read over to her what she had stated on the previous day; and I said I should do so steadily, and if there was anything she wished to retract, to do so. I at the same time told her that the coroner's jury would assemble that afternoon, and I should lay her statement before them. I then proceeded to read the statement to her, and, when I had concluded, she said it was perfectly correct, and she was prepared to sign it, and she did so in the presence of Dr. Mott, the medical attendant. She made no observation after she signed it, except, if she had left anything out, the other officer could tell me. I took the statement originally in pencil, and it was copied afterwards in ink under my superintendence. I have not got the original, but I swear I made a verbatim copy of it. I am not aware of any one having seen the pencil writing except myself and the person who copied it.'

"The statement was then put in and read. It was as follows:

"'On Friday last I was in bed all day. I wanted to see Mr. Izod. I waited all day, and wanted him to give me some medicine: In the evening I walked about, and I then put the children to bed, and tried to go to sleep in the chair down stairs. That was about nine o'clock. Georgy (meaning Georgiana) kept calling for me to come to bed. They kept calling to me to bring them some barley-water, and continued calling till near twelve o'clock. Then some of them went to sleep. I could not rest. I had one candle lit on the chair. I could not see, and I went and got another candle, but still could not see. There was something like a cloud over my eyes. I thought I would go down, get a knife, and cut my own throat. I could not find my way down. I groped about in master's room for a razor. I could not find one. At last I found his keys, and then I found his razor. I went to Georgy and cut her first. I did not look at her. I then came to Carry and cut her; then to Henry. He said, "Don't, mother!" I said I must, and did cut him. Then I went to Bill. He was fast asleep. I turned him over. He never woke. I served him the same. I then nearly tumbled into this room. The two children here, Harriet and George, were awake. They made no resistance at all. Harriet struggled very much after I cut her, and gurgled for some time. I then lay down and did myself. I can't tell you what occurred for some time after that, till I seemed weak, and found myself on the floor. That nasty great black cloud was gone then. Then I was thirsty, and I got the water-bottle and drank. I fell in a sitting position. I sat a

little while, and got up and saw the children, and it all came to me again. I wished to call, but could not speak. I did not know what to do. I went to the window, and put something out to attract attention. I staggered back to my own bed, and lay till I heard the ringing of a bell. They made such a noise. I got up, and went on my hands and knees to the window. I could not make him understand no how in the world. It was Henry Woolgar. I went down to unbolt the door. There was only one bolt fastened. I undid that. They can tell you the rest.'

"The prisoner was able to articulate distinctly, with the exception of the whistling in her throat. She had a difficulty in speaking, and she was obliged to pause occasionally for breath. She was about ten minutes or a quarter of an hour making the statement. I did not put a single question to her. The whole of this statement was perfectly voluntary. Collett was the first constable to whom she made any statement. He was in attendance before the coroner, but was not examined. I am sure I took down the very words she spoke.'

"Inspector Martell, of the Surrey constabulary, said: 'I took charge of the prisoner on the Sunday after the occurrence; and while I was sitting by her bedside she began to cry; and I told her not to do so, as it would hurt her. She then said, "See what I have done." I said, "What have you done?" and she replied, "You have seen it, and know all about it." She was then silent for about a quarter of an hour; and she then inquired when the jury would sit on the children, and I told her the next day. She then said to me, "Then you may tell them that I did it." I told her to remember I was not asking her any questions, and she went on to make a statement. (It was precisely to the same effect as the one made to Mr. Biddlecomb, the only additional fact being, that the prisoner said that if there had been forty children she should have done the same;—what a pity it was she had not done herself first.) She further said, that on the morning after—she supposed she had been asleep—she for the first time knew what she had done, and added, "Oh horrid, horrid sight!" and she went to the window and put out a pillow to try to get assistance, but no one came. After the prisoner had made this statement she said to me, "You are Mr. Biddlecomb, are you not?" I told her I was not, and she might have observed the difference in our uniform; and she replied, that she did not pay much attention to uniform, and she supposed it did not matter. She afterwards expressed a wish to have the statement taken down in writing, but said she should like to have a sleep first. Mr. Biddlecomb arrived shortly afterwards, and I told him what had occurred. I don't know whether the prisoner had a sleep or not before she made the statement to Mr. Biddle-

comb. I did not take the prisoner's statement down, but trusted entirely to my memory. I have never said before to-day that the prisoner told me to tell the coroner's jury that she had done it. I have seen a portion of my evidence in the newspapers, but it has never been given in full before to-day. The prisoner did not tell me the exact time when it occurred, but said she supposed it was about twelve o'clock at night.'

"Peter Thomas Collett, a police constable, said: 'The prisoner was partly under my charge from the 10th to the 29th of June. I searched the house, and found a bunch of keys and an empty razor-case. On Sunday morning, the 11th, the prisoner told me that the clock would not want winding up until ten o'clock, as she had wound it up at ten o'clock the night before. On the 13th the prisoner said she wished her daughter Mary had come, and she told me to take a box from under the bed, and I did so, and found it contained plate and jewelry. On the top of the box there was a piece of paper, and when I took this up, the prisoner said, "I thought not of doing of it until Friday night."'

"The paper was read; it was as follows: 'All for my daughter Mary. Her father is only seeking to get money from them as never injured him or done him any harm, so help me God.—Mary Anne Brough.'

"Examination continued: 'On the same day the prisoner said, "This would not have happened but for my daughter and Fred. Foster. It is owing to a letter which they said they found and copied, and they took the copy to Kingston to Mr. Jennett." The prisoner told me that this occurred three or four years ago, and Mr. Jennett told them he could do nothing in it, as they had only got a copy of the letter. The letter, she said, was sent by a person named Woodhatch. That person has since left Esher. The prisoner also told me that Brough wanted to be parted from her. A woman, named Weller, who acted as nurse, was present when these conversations took place. She told me that this woman wanted to know the secrets of her heart, and I directed her not to put any questions to the prisoner. I put down in writing what the prisoner had said to me. (The witness handed in the paper.) The prisoner told me that if the doctor (Mr. Izod) had come, it would not have happened; and she said she wished she had taken his advice, as it would have been a great deal better for her. During the night she repeatedly asked for her children, and called out "Billy." She also asked whether it was her child that was crying. This was on the 11th of June. No child was crying when she made the inquiry, and everything was quiet. The prisoner did not say when she put the paper into the box, and all she said was, that she did not think of doing it until the Friday night.'

"Sarah Weller said: 'I attended upon the prisoner while she was

suffering from the injury of her throat. I took the prisoner some brandy and tea on the morning of the 10th of June, and I asked her if any of the children cried, and she said, "No; they were all asleep except the baby, and he was awake, and fetched three struggles." She then said that her husband had left her without money, and he was going to take the children from her, and she meant he should not do so. It was on the Saturday morning that the prisoner said this to me. The doctor had only just sewn up her throat, but she was able to speak quite as distinctly as usual. I have never had any quarrel with the prisoner. I will not swear that she did not say to me "Get away." She had an apoplectic fit about a year and a half ago, and lost the use of one side, and since then the prisoner has not spoken so distinctly as she did before. She has constantly complained to me of her head since she had the fit, and she has told me that she felt a heaviness in her head—a "tumbling" like when she was stooping, as if she must fall, and a swimming. She had this fit after the birth of her last child. I was fetched to her one night, and I found she had suffered a great loss of blood from her nose. She appeared relieved in her head after the discharge of the blood. All this occurred before the birth of the child I have mentioned. The prisoner has suffered in the same manner since; but I have more particularly observed an alteration in her since she had the fit. I have frequently seen her laugh in a silly manner, and I observed a great alteration in her after she had the fit. The prisoner was always very kind to her children—almost too kind. She was a most indulgent mother. She has frequently complained of violent pain in her head over the eyes. I cannot say exactly when my attention was first attracted to the prisoner bleeding at the nose, but I believe it was shortly before the birth of the last child. Mr. Izod was called in to attend her, and she was ill for several days. She suffered a good deal during her last confinement. The prisoner never spoke so well after she had the fit as she did before.'

"Henry Field said he was acquainted with the prisoner's husband, and he went in the same train with the prisoner, by his direction, on Monday before this occurrence. He saw the prisoner in London in company with a man, and on the following day he communicated what he had seen to the prisoner's husband, and accompanied him to his attorney, who gave him some advice; and to the best of witness's knowledge, he never afterwards returned to his own house.

"John Birdseye, said that, 'on the evening of the 7th of June, the prisoner's husband came to him, and he accompanied him to his own house. He rang the bell, and the prisoner looked out of the window and asked him what he wanted, and she added that she understood he was going to sleep at the 'Wheat Sheaf.' He said he was, but he wanted

his nightcap and nightgown. Shortly afterwards the prisoner came down and put a bundle over the gate, and Mr. Brough took it up and went away.

"Annie Yates deposed that the prisoner was her aunt and she resided near the prisoner and her husband. She said she last saw the prisoner before the occurrence on the Friday it happened. She then appeared very tired from having to sit up with her children. The prisoner repeatedly complained of her head. Three of the children were very ill with measles at the time. The prisoner frequently complained of violent heaviness in the head over her eyes, and she was relieved when she had bleeding at the nose. She appeared to suffer a great deal more after the birth of her last child. Her speech was so much affected that at times she could not speak at all.'

"Mr. Izod was then called. He said that he practiced as a surgeon at Esher, and he had attended professionally upon the prisoner for several years. In 1852 she suffered from severe bleeding at the nose, and she also complained of great pain in her head, and he found it necessary to administer powerful medicines and also to blister her. In September, 1852, she was delivered of a child, and eight days afterwards she was attacked by paralysis, and completely lost the use of her left side. She also lost her speech and her face was distorted. She gradually recovered, but never entirely regained her powers, and he observed symptoms of a disordered brain. In consequence of this, he said, he constantly advised her to avoid excitement of every description; and he felt satisfied that any sudden excitement would be dangerous to her. The witness said that he saw the prisoner on the Wednesday before the fatal occurrence, and from her appearance he was induced, then, to caution her strongly not to excite herself. He did not think it necessary to give her any medicine on this day, because there were not any new symptoms. There was always an apparent tendency of blood to the head in her.

"Dr. Forbes Winslow was the next witness: 'I have carefully attended to the evidence in this case, and yesterday also had a long interview with the prisoner. I have heard the evidence of Mr. Izod, and it is my opinion that the attack of paralysis suffered by the prisoner was the result of a diseased brain. Paralysis may exist in some cases without actual insanity, but it is always symptomatic of a disease in the brain. Bleeding at the nose is a symptom of congested brain, and it is considered as an effort of the brain to relieve itself. During my interview with the prisoner in the gaol I did not observe any symptom of insanity. Cases of temporary insanity resulting in a desire to commit murder or suicide are very common. I have known many instances

where the patient has made an attack upon some near relative with whom he had previously been on the most affectionate terms, and it frequently occurs with mothers and children. In such cases the patient suddenly suffers under a strong homicidal impulse which he cannot control; and it has happened to me to hear a patient bitterly lament being under the influence of such an impulse. The impulse is generally stronger in proportion as the parties are more nearly and dearly connected, and to the previous affection existing between them.'

"By the Court.—A person, whose body was fatigued by watching or exertion would be more likely to have the brain suddenly affected in this way than another; and the fact of the prisoner having been for two nights engaged in attending to her sick children very possibly rendered her mind more likely to be affected. A combination of suicidal and homicidal mania was frequently found, both arising from a disordered state of the brain. Witness agreed with Mr. Izod, that the condition of the prisoner's brain rendered her peculiarly liable to suffer from excitement; and he had no doubt that her brain had been in a disordered state ever since the attack of paralysis. In cases of transient insanity it was very common for patients to say that they experienced the sensation of a dark cloud passing before their eyes; and while in that condition, it was his opinion that the mind was thrown off its balance, and the patient during the paroxysm was not able to distinguish between right and wrong. In such a case there would not necessarily be any particular delusions.

"In answer to a question put by Mr. Bodkin, Dr. Winslow expressed an opinion from what he had heard in the prisoner's case, that her brain was structurally disorganized; and he said this would render it much more disposed to be affected by any moral shock. He went on to say that the mere fact of an enormous crime being committed without any apparent motive would not alone induce him to come to the conclusion that the party committing it was insane; but he said that if he found any one had killed a near relation without any motive, and that it appeared they had, up to the time of the act being committed, been on kind and affectionate terms, he should certainly think that, *prima facie*, it was an indication of insanity; but he should not positively come to that conclusion without regarding all the other surrounding circumstances.

"Upon being re-examined, Dr. Winslow said he was of opinion that at this moment the prisoner was suffering from disease of the brain."

We have given all the important testimony in this case, which, Dr. Winslow justly remarks, is destined, "from its peculiar features, to take

a permanent position among the *causes célèbres* of British criminal jurisprudence." The acquittal of the prisoner on the plea of insanity is a recognition of a form of mental disease—or, to speak more correctly, a phase of mental disease—which has usually been regarded by English and American courts as simply the exhibition of ungoverned passion, the consequences of which, if injurious to others, should subject the individual to punishment. Every one at all familiar with the insane knows the power of the passions and impulses over the actions, when the self-conscious, self-governing principle is impaired or suspended. In the case of Mrs. Brough we have a mother who has always been kind and indulgent to her children, and had just nursed them through a long illness. She had previously suffered from cerebral disease and paralysis. She is detected by her husband in what he believes to be a criminal intimacy, and he at once leaves her. Now, here is a great moral shock—a sufficient cause for the sudden development of a paroxysm of mania in a person whose brain was already diseased. But it is said that the act was prompted by revenge,—that she had been detected in infidelity to her marriage vow, and fearing that her children would be taken from her, and that she would be thrown, an outcast from society, upon the world's cold charities, she deliberately and with malice committed the horrid deed. The history of the case, however, precludes such an opinion, and we are pleased to see a decision founded alike upon justice and humanity. Dr. Winslow reviews, with great care, the important and peculiar features of the case; but the length to which we have extended this article will not permit us to notice his arguments.

The two remaining articles of this number we can only mention. One is "On the Causes and Morbid Anatomy of Mental Diseases," by John Webster, M. D.; the other is the first of a series "On the Connexion between Morbid Physical and Religious Phenomena."

We cannot, however, conclude this imperfect review of the October number of Dr. Winslow's Journal without expressing our appreciation of the valuable services which its distinguished editor is rendering to psychological medicine, and we would add our best wishes that his labors may be amply rewarded. We commend the *Psychological Journal* to the attention of all engaged in the study and treatment of mental diseases, especially to the medical officers of American Asylums.

G. C.

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G. C.

ARTICLE II.

CONSIDERATIONS ON THE RECIPROCAL INFLUENCE OF THE PHYSICAL ORGANIZATION AND MENTAL MANIFESTATIONS. By A. O. Kellogg, M. D.

(Continued from page 224.)

A Glance at some of the Pathological Lesions which affect the Mental Manifestations by their primary influence on the Cerebral Structure.

The influence of a pathological state of individual organs of the body upon mental manifestations, furnishes an interesting subject for philosophical investigation.

The brain is acknowledged by all physiologists to be the material organ of the mental manifestations; and these may be influenced by disease affecting this organ *primarily*, or *secondarily*, by its sympathy with other organs in a pathological state: thus, in technical language, we have *centric* and *excentric* insanity. We shall proceed, in the first place, to consider the causes which affect the mental manifestations by their *primary* influence on the cerebral structure. Severe blows upon the head, imparting a violent shock to the delicate cerebral structure within, suspend, for a longer or shorter time, according to the severity of the concussion, all the mental operations. The patient, who, immediately before receiving the blow, was in the full possession of all his mental faculties, falls suddenly into a state of unconsciousness, or stupor, and is insensible to all ordinary stimuli. Though the eyes may be partially open, he is apparently unconscious of the presence of any one; though, if called upon loudly by name, he gives evidence of being aware of the circumstance; and, if recovery takes place, he becomes gradually more conscious, answers incoherently and in monosyllables; and, finally, the brain having suffered no permanent injury, the effects pass away by degrees, and the mental operations are as vigorous and healthy as before. In other instances, as in compression, or where some lesion of structure results, more or less permanent derangement of one or more of the faculties of the mind takes place. In some instances the powers of the mind have been invigorated and improved by these structural lesions of the brain, and faculties have been called forth which before had lain

dormant; but more frequently permanent derangement and a predisposition to insanity are the results.*

Inflammation of certain parts of the cerebral structure, and the various results of inflammation, exercise by far the most important influence on the mental faculties of any other pathological lesion. It is extremely interesting to observe, that the first effect of incipient inflammation of the external or cortical substance of the brain is to augment, in an uncommon degree, those functions which belong to it in a natural state. "If we reflect," says M. Bouilland, "that disturbance of the intellect can exist independently of every other derangement of the cerebral functions;—if we reflect, moreover, that disturbance of the intellect appears to coincide constantly with an alteration of the cortical substance of the brain,—we shall be obliged to admit as very probable this double opinion—namely, that the injury of the intellect depends upon that of a distinct part of the cerebral mass, and that the distinct part of the brain, the injury of which produces derangement of the intellect, is the cortical substance of that organ." "The first effect of inflammation of the surface of the brain," says Mr. Solly, "is to excite the mental faculties, to produce great irritability of temper and constant restlessness or desire for action.

"If the inflammation be arrested at this point, the patient recovers his reason; but if it pursues its ravages undisturbed, limiting its destructive effects to the spot where it commenced, without extending to that portion of the brain which is beneath, it *annihilates the intellect*, but does not affect the muscular system; while, on the other hand, if the inflammation extend further, reaching the instruments by which the will travels to the muscles, it first produces convulsive action in these muscles, which afterwards become perfectly paralytic."

Dr. Abercrombie, speaking of the symptoms of inflammation of the membranes of the brain, says: "It is characterized by a peculiar aberration of mind, without any complaint of pain. There is a remarkable restlessness, quickness and impatience of manner, obstinate watchfulness and incessant, rapid talking, the patient wandering from one subject to another with little connection, but often without any actual hallucination. He knows those about him, and generally answers distinctly questions that are put to him." Bayle,† gives it as his opinion, that "most mental

* "Les chutes sur la tête, même dès la première enfance, prédisposent à la folie, et en sont quelquefois la cause excitante. Ces chutes, ou les coups sur la tête, précèdent de plusieurs années l'explosion du délire. Un enfant de trois ans fait une chute sur la tête; depuis, il se plaint de céphalalgie; à la puberté le mal de tête augmente et la manie se déclare à l'âge de dix-sept ans."—*Esquirol*, "*Des Maladies Mentales*," tome 1, p. 35.

† "Traité des Maladies du Cerveau et de la Membranes," par A. L. Bayle, 1826.

alienations are a symptom of chronic primary phlegmasia of the membranes of the brain."

He also holds that certain cases of monomania and melancholy are caused, primarily, by some deep and durable lesion of the moral affections, or some ruling error which controls more or less the will of the patient, and becomes the basis of an excessive delirium. He is far, however, from wishing to be understood as saying that *matter* has no influence in developing these species of derangement. "I do not," says he, "speak of the origin, which is purely mental; but we shall see that, in certain hereditary and constitutional predispositions, these mental derangements produce upon the brain and its appendages certain effects, which, in their turn, become a cause of certain symptoms, and that thus there is a reaction of the moral on the physical, and of the physical on the moral." "The more I have seen," says Mr. Solly, "of the *post-mortem* appearances which are left in cases of mental derangement, the more I am convinced that each form has its respective lesion, though I am far from pretending that they have been all discovered."

Inflammation of the dura mater is regarded by pathologists as a frequent cause of insanity; and the thickening of the skull, so often found in persons who have died after having been long insane, may be accounted for, when we consider the intimate vascular connection which exists between this membrane and it. Some interesting cases in illustration of this were examined by Mr. Solly at Hanwell, and are recorded in his work on the Brain.

There is no organ of the body in which it is so difficult to trace the relations which exist between its pathological lesions and the morbid manifestation of functions as the brain. Some extraordinary structural lesions of this organ are on record, in which the morbid manifestations of function were extremely slight; while, on the other hand, where the latter have been very marked, scarcely any pathological lesions were found, after the most careful and searching examination, though such undoubtedly existed. At the late severe engagement between the Allies and Russians, at the battle of the Alma, a Russian soldier, who had been shot through the head—a large ball entering on one side and emerging on the other—was seen to wipe away a large mass of brain, and proceed to struggle for some distance down the hill towards the water. The circumstance of the brain being a double or symmetrical organ lends some aid in the solution of these difficulties, by supposing that though one part of the organ may be in a state of disease, or have suffered extensive disorganization, its functions may be performed for a

time by the other part, which is uninjured. Yet, we can scarcely conceive how an injury similar to that above recorded could take place without the immediate suspension of all sensory and volitional function.*

"Delirium," says Dr. Copland, "has been conceived to be a symptom indicating the existence of inflammation of the membranes of the brain; yet delirium is a disorder of those functions which we conceive to be performed by the cerebral substance itself; and every experienced practitioner must have observed, and numerous are the cases on record, in which inflammation to a great extent, and all its consequences—as thickening, adhesion, effusion of lymph, or even purulent matter—have been observed, and yet there has been no delirium.

"It is therefore to be inferred, that, when meningitis is accompanied with delirium, the disease extends, more or less, to the pia mater, or parts enclosed by it."

The same author, speaking of the characteristic symptoms of inflammation of the substance of the brain, and its influence upon the senses, the moral and intellectual faculties, says: "The senses, particularly sight, hearing, and touch, are all morbidly active in the first stage, especially when the meninges are inflamed; but they are nearly abolished at this stage when the cerebral substance is chiefly affected. The eye often indicates mental oppression, even when bright and staring. The intellectual and moral faculties are more or less disordered; they are unusually excited or violently deranged early in the disease; but stupor frequently supervenes without being preceded by this state, when the cerebral structure is inflamed. Reverie, or wandering of the mind, during the night is the least important form of mental disturbance, indicating a slight affection of the pia mater, extending to the cineritious substance. Delirium through the day and watchfulness during the night are the most dangerous, and attend a severe affection of the membranes."

Excitement of the mental faculties by protracted study, sudden emotion—whether of intense fear or excessive joy, violent fits of anger, excessive desire, jealousy, and all the exciting passions—are among the most frequent causes of disturbance of the mental manifestations, by giving rise to what has been termed by Mr. Solly, "inflammation of the hemispherical ganglion from *within*." In these cases the exciting cause of the attack travels from without inwards, centripetally, by means of the nerves of sense, and gives rise to unnatural and excessive action

* See "American Journal of Medical Sciences," vol. xviii, p. 533, and xx, p. 85; and "New England Journal of Medicine," vol. xv, p. 317, for interesting cases illustrative of this.

of the cerebral substance. Thus we have a cause which is *metaphysical* producing an effect which is strictly *physical*, and between which, in a practical point of view, it is extremely important to draw a distinction. The following may be given as the order of sequence: the metaphysical cause, particularly, if protracted, gives rise to a certain pathological condition, which, in its turn, becomes the cause of derangement of function. "The pathological state," says Mr. Solly,* "must not be lost sight of on account of the metaphysical state. The remedial treatment should be physical, though the cause is metaphysical: moral treatment alone will not arrest inflammatory action." Such cases afford a good illustration of the remarks previously quoted from Bayle, of the "reaction of the physical on the moral and the moral on the physical."

The following case, among others, is given by Mr. Solly† in illustration: "On the 2d June, 1842, was called to visit Miss E. R., who was suffering from cerebral symptoms. Found her lying in bed—countenance pale and anxious—pupils dilated, and sluggish to the stimulus of light. When I first inquired if she had pain in the head, she said, No; but after she had raised herself and lain down again, she complained of violent pain. Pulse 84 and small—head hot—tongue furred, but not dry—understands what is said to her, but answers slowly.

"*History.*—She was a nervous person when in health, and naturally rather irritable and excitable. She went to Greenwich Fair unknown to her parents, and therefore concealed her illness. When at the fair she was suddenly pushed by a stranger to make her run down the hill. She fell, was not hurt, but much frightened, and made excessively angry. She was menstruating at the time. She continued to cry and sob hysterically for seven or eight hours afterwards, and for three weeks she seemed to brood over it, getting gradually worse. She would not complain; but her sister remarked that her head was drawn backwards. When asked why she did so, she said it was so heavy. She also became silly in her expressions, excessively irritable, sullen and taciturn. She said that when her head was on the pillow she could not raise it again. She also complained that everything she saw became double and fiery; when lying in bed she would scream out that she was falling. Considering, from the symptoms and previous history, that the case was one of meningitis, we ordered hydarg. proto-iodide gr. i, and a large blister, with 60 leeches to the head.

"Second day, half-past 9, A. M.—Had not slept much during the night—complained a good deal of her head—pupils very much dilated—anxious when spoken to, but every now and then jumps up and cries

* "Human Brain," page 328. † Op. cit., p. 328-329.

out as if frightened—complains of her head and pain in the balls of her eyes—says to those about, when speaking in their ordinary tone, "Don't halloo so"—shows immense muscular power in the arms. Emp. lyttæ to be dressed with mercurial ointment; and as there was difficulty in getting her to take pills, we substituted hyd. bichlor. gr. 1-16, q. 4. h. in mint water; Hirud med. xx to the head.

"10 P. M.—Has been much quieter, and apparently more easy, after the application of the leeches. The same principal of treatment was carried out, and she ultimately recovered; but it was ten weeks before she was well, and her memory has been deficient ever since. She did not menstruate for four months."

Next in importance to the hyperæmic affections of the brain, of which we have here taken a cursory view, as regards the influence on the mental manifestations, is a class of affections known as *anæmic*, which of late years have received the attention of some eminent pathologists. Though not, perhaps, so frequent as the former, their influence on the functions of the organ is such, when they occur, as to call for especial and minute consideration—particularly as many of the symptoms are referrable to both considerations, and more so as the treatment must, in the nature of things, be diametrically opposite. The pernicious theory advocated by Dr. Clutterbuck, in the *Encyclopædia of Practical Medicine*,—by Monro Secundus, of Edinburgh,*—supported also by the high authority of Dr. Abercombie—viz., that "no additional quantity of blood can be admitted into the vessels of the brain, the cavity of the skull being already filled with its contents;—that a state of plethora, or overfulness of the cerebral vessels, though often talked of, can have no real existence;—that, on the other hand, the quantity of blood within the brain cannot be diminished by abstraction from the general system, whether from the arm, jugular vein, or the carotid arteries;—that as the substance of the brain, like that of the other solids of the body, is nearly incompressible, the quantity of blood within the brain must be the same at all times, whether in health or disease, in life or after death—those cases excepted in which water or other matter is effused or secreted from the blood vessels, whereby a quantity of blood, equal in bulk to the effused matter, will be pressed out of the cranium, &c.,"—is now exploded by the researches of Dr. Burrows, Sir Astley Cooper and others. The brain receives, by far, a larger proportion of blood than any other organ of the body; and how such eminent pathologists as those referred to should, in opposition to all analogy, and in the face of so many phenomena, attendant upon cutting off a portion of its

* "Observations on the Nervous System," by Alex. Monro, M. D., 1793.

supply—as in syncope, from the sudden abstraction of blood, or mental emotions, from ligature of the carotids, &c.—promulgate such a theory it is hard to conceive. Yet, for a number of years, this was received as one of the established doctrines of physiology.

The experiments made by Sir Astley Cooper upon dogs, by placing ligatures on the carotid and vertebral arteries, show clearly to what extent the functions of the brain are influenced by the supply of blood. By making pressure on the carotid arteries, the first effect observed was partial insensibility; if this was continued, the animal soon appeared to lose all consciousness. By making pressure on the vertebral arteries, the source of supply to the respiratory centres, life was immediately extinguished.

At one time both coma and delirium were considered as certain indications of two distinct conditions; the first was thought to be an unerring sign of pressure, the second of inflammatory mischief. Modern pathology has shown, however, that both these conditions may result from local or general *anæmia*. These two opposite conditions of the cerebral circulation may be excited by the same causes operating under different circumstances—as, for instance, the excessive use of alcoholic drinks, producing, first, *delirium ebriosorum*, which is now regarded as an inflammatory or hyperæmic affection, and *delirium tremens*, which succeeds to the sudden withdrawal of the accustomed stimuli, characterized by an entirely different train of symptoms, and which is now supposed to be an anæmic affection of the brain. If I am not much mistaken, I have seen both these conditions in the same individual, the one following the other in their true order of succession, in more than one instance. Some years since, I used to be called upon to attend a gentleman of education and talent, but who was unfortunately the subject of irregular fits of orgie, occurring at intervals of one, two and three months. During the intervals between these fits he was quite temperate. The first effect of the stimuli, when he entered upon one of his "sprees," was to excite to an uncommon degree all his intellectual faculties. His wit was sparkling and pungent, and his sarcasm most bitter and withering. His memory, naturally tenacious, and well stored by long familiarity with the best English authors, was at these times peculiarly strong, and he could repeat, with great accuracy, long passages from his favorite authors, particularly Shakspeare. Like all other men, however acute, who indulge too freely, he sometimes surrounded himself with a combination of ridiculous circumstances, from which it required more than ordinary ingenuity to extricate himself. One of these, as related by himself to the writer, when convalescent from an

attack of delirium tremens, (which, as I shall show presently, was the usual sequel of these orgies,) deserves to be recorded, though at the expense of being thought out of place in a treatise on a grave subject. He had been spending his Christmas, as usual, in rather too jovial a manner, and, in the evening, feeling very merry and musical, he concluded he would go, "by moonlight alone," to serenade a certain lady of his acquaintance. He repaired to her residence, sat himself down upon a stone step, as he supposed, under her window, and began warbling: "Hark! the *lark* at *heaven's gate singing*." Soon, either from the soothing influence of his own music, or his strong potations, he fell asleep. The night being cold, and the stone on which he sat becoming damp, he became frozen to his seat, and was only relieved from his ridiculous and uncomfortable position by the kind attentions of a policeman—leaving behind him a part of his unmentionables as a memorial. During these fits, and after he had continued his debauch for a number of days, he became furiously delirious, walking about rapidly, gesticulating, cursing and quarreling with every one, and particularly those who, in his sober moments, he regarded as his best friends. His eyes were red, sparkling and bloodshot, face flushed, and his whole system appeared to be in a state of high febrile excitement. This state, particularly if he "wound up too soon," was followed by one of depression, requiring a cautious renewal of his accustomed stimuli to prevent the train of symptoms which usher in an attack of true delirium tremens—the symptoms so correctly and graphically described by that most admirable of observers, Dr. Watson, in his lecture on that disease.*

It is unnecessary to speculate upon the different states of the cerebral circulation during these fits of debauchery, as such will, no doubt, suggest themselves to every one who is at all conversant with cerebral pathology. The first stage, that of *excitement* without *derangement* of the mental faculties, was, doubtless, attended with a slightly excessive vascular action in the brain; the second, by an augmentation of the first, amounting to hyperæmia, or congestion; the last, the stage of reaction, or depression, by, in short, an *anæmic* condition, as much *below* the true healthy or physiological condition as the former was, during the continuance of the exciting cause, *above* this state; and each was pointed out by its own peculiar symptoms and derangement of function.

A case similar to this is reported by Dr. Blake, in illustration of his

* See "Lectures on the Principles and Practice of Physic," by Thos. Watson. Philadelphia edition, 1848, p. 245–6.

supply—as in syncope, from the sudden abstraction of blood, or mental emotions, from ligature of the carotids, &c.—promulgate such a theory it is hard to conceive. Yet, for a number of years, this was received as one of the established doctrines of physiology.

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views of the pathology of delirium ebriosorum and delirium tremens. The man was an habitual tippler, and when, as was frequently the case, he exceeded his usual allowance, he was first attacked with furious delirium, which, if not properly treated, was followed by exhaustion, and, after a time, by all the stages of true delirium tremens.* Mr. Solly thus remarks upon this case :†

"This peculiar idiosyncrasy of constitution, by presenting both diseases successively in the same subject, serves to point out clearly the difference which exists between the delirium consequent upon the *immediate* effects of spirits or other diffusible stimuli, and that which succeeds in one, two, three or more days, as a consequence of suddenly desisting from the habitual use of any stimuli." Mr. Solly also believes that many cases of hysteria are dependent on an anæmic condition of the brain, though the exciting cause is so widely different.

Delirium, as we have already seen, may arise from an anæmic condition of the brain. We may now remark that what has been termed *anæmic coma* may result from the same cause.

Every experienced practitioner must have observed this condition, particularly in children who have suffered long from diarrhœa, and bad diet, from the injudicious use of purgative medicines, or as a consequence of blood-letting. The disease, however, is not confined to them.

Dr. Marshall Hall was among the first to point out this affection, which he calls an "hydrocephaloid" affection of infants. He divides the affection into two stages: "the first stage that of irritability, the second that of torpor. In the former there appears to be a feeble attempt at reaction, in the latter the nervous powers appear to be more prostrated." The following he gives as the symptoms of the complaint: "The infant becomes restless, irritable and feverish, the face flushed, the surface hot, and the pulse frequent; there is an undue sensitiveness of the nerves, and the little patient starts on being touched, or from any sudden noise; there are sighing, moaning during sleep, and screaming; the bowels are flatulent and loose, and the evacuations are mucous and disordered."

If, through an erroneous notion as to the nature of this affection, nourishment and cordials are not given; or if the diarrhœa continue, either spontaneously or from the administration of medicine, the exhaustion which ensues is apt to lead to a very different train of symptoms: the countenance becomes pale, and the cheeks cool or cold;

* "A Practical Essay on the Disease generally known under the denomination of Delirium Tremens, &c.," by Andrew Blake, M. D., M. R. C. S., 1848.

† "Human Brain," Philadelphia edition, 1848, p. 277.

the eyelids are half closed, the eyes are fixed, and unattracted by any object placed before them; the pupils unmoved on the approach of light; the breathing, from being quick, becomes irregular, and affected by sighs; the voice becomes husky, and there is sometimes a husky, teasing cough; and eventually the strength of the little patient is subdued and the vascular system exhausted.

"In the last stages of diseases of exhaustion," says Dr. Abercrombie, "patients frequently fall into a state resembling coma, a considerable time before death, and while the pulse can still be felt distinctly. I have many times seen children lie for a day or two in this kind of stupor, and recover under the use of wine and nourishment. It is often scarcely to be distinguished from the coma which accompanies disease of the brain. It attacks them after some continuance of exhausting disease, such as tedious or neglected diarrhœa, and the patients lie in a state of insensibility, the pupils dilated, the eyes open and insensible, the face pale and the pulse feeble. It may continue for a day or two and terminate favorably, or it may prove fatal."

"This affection seems to correspond with the *apoplexia ex inanitione* of the older writers. It differs from syncope by coming on gradually, and in continuing a considerable time—perhaps a day or two; and it is not, like syncope, induced by sudden and temporary causes, but by causes of gradual exhaustion going on for a considerable time. It differs from mere exhaustion in the complete abolition of sense and motion, while the pulse can be felt distinctly, and is, in some cases, of considerable strength. I have seen in adults the same affection, though perhaps it is more uncommon than in children." In a letter to Dr. Hall he observes: "The state of infants I have referred to is a state of pure coma, scarcely distinguishable, at first sight, from the perfect stupor of the very last stage of hydrocephalus, the child lying with his eyes open, or half open, the pupils dilated and the face pale. It is very difficult to describe distinctly the appearance, but it is one which conveys the expression of coma rather than of sinking; and I remember, the first time I met with the affection, the circumstance which arrested my attention, and led me to suppose the disease was not hydrocephalus, (the state somewhat different from coma,) was finding, on further inquiry, that it came on after diarrhœa, and not with any symptom indicating affection of the head. The child recovered under the use of wine and nourishment."

Dr. M. Hall gives some excellent cases in illustration of his views, which space will not permit being transcribed. Mr. Solly, speaking of a low form of erysipelas of the head, occurring in debilitated constitutions, the cerebral symptoms of which he regards as anæmic, says: "We

all know that, in hyperæmia of the brain, we can relieve our patients by determining the blood to the surface. It is, therefore, possible that this morbid cutaneous determination of blood has the effect of diminishing the supply to the capillaries of the brain, as effectually as our artificial measures." "In a practical point of view there is nothing more important to the surgeon, than a knowledge of the fact, that a rambling, incoherent manner in the day, with a restless delirium at night, is no proof of the existence of inflammatory action in the brain."*

In illustration of his views, Mr. Solly gives us a history of a most interesting case of severe erysipelas of the head, attended with violent delirium, the favorable result of which was attributable to the large quantities of brandy and other stimulants, together with beef tea and jelly, which were given to the patient when on the brink of the grave.

Space will not permit of our dwelling longer on this interesting and important branch of cerebral pathology, and we must content ourselves by referring those who desire more detailed illustrations to the able works from which we have already drawn so liberally, particularly those of Dr. Marshall Hall and Mr. Solly. We shall proceed, therefore, in conclusion of this branch of the subject, to consider briefly some of the organic lesions of the brain and their influence on its functions. Among these we may enumerate, 1st, suppuration, or abscess of the brain—*apostema cerebri;* 2nd, ulceration; 3rd, *sphacelation*, or mortification of the cerebral substance; 4th, softening of the brain—the *ramollissement* of the French pathologists; 5th, hypertrophy, or morbidly increased bulk of the brain; 6th, atrophy—wasting or diminution of its bulk, and, 7th, induration, or hardening of the substance of the brain.

Space will not allow of our entering fully into the discussion of these lesions; we shall, therefore, merely refer to some of the morbid manifestations of function which have been found attendant upon each. *Abscess* of the brain has been frequently found as a concomitant of disease of the internal ear, attended sometimes with purulent discharge, and occuring most frequently in children of a strumous diathesis. I was consulted, quite recently, in the case of a child, who, from exposure to cold, has had several attacks of acute otitis, accompanied with excruciating pain, and, during the height of the exacerbation, with delirium. There had been no discharge from the ear, the attack terminating favorably in a few days, by the aid of simple antiphlogistic treatment. I fear, however, that the disease will ultimately become chronic, and that the internal ear and *brain* will in the end become diseased; and not only delirium, but coma, convulsions, and, perhaps,

* Op. cit., p. 285.

death, will be the result. The following case furnishes a good illustration of this; it is given by Dr. Copland:* "A young gentleman had, from childhood, a slight purulent discharge from the right ear, until nearly the period of puberty, about which time it gradually disappeared. He had lost the sense of hearing on that side. He went into the public service, in which he continued for several years, until, about the age of thirty, he was suddenly seized with intense pain in the head, followed by paralysis of the whole left side of the body, insensibility, involuntary motions, coma, shortly terminating in death. On examination, thickening of the membranes of the brain, on the right side, with adhesions, softening of the cerebral structure, and a purulent collection, nearly in the centre of the middle lobe of the hemisphere were found."

"*Ulceration* of the brain," says the same author, "is indicated by headache, partial convulsions, sometimes epilepsy, palsy, loss of memory, hebetude, coma and exhaustion." Two cases are given by M. Scoutetin.† In one the patient had been seized with gastro-intestinal irritation, and complained of no pain in the head. During the latter stage of the disease, however, he became delirious. On examination, the extremity of the posterior lobe presented two small ulcerated patches, one much larger than the other, and of an oval form. *They penetrated no deeper than the cortical substance.* The surrounding pia mater was injected and somewhat eroded.

Softening of the brain is a condition which has been found to exist frequently in fatuous persons, in epileptics, and epileptic maniacs. Dr. Monro and others have found the brains of condemned felons extremely soft, particularly internally. Dr. Haslam also refers to it. By some this is attributed to close confinement and low diet; by others to the mental distress which these persons undergo.

Imperfect development and *atrophy* of brain have been referred to by Andral and other French pathologists, as existing frequently in idiotic persons. M. Jedelot‡ found the hemispheres of the brain in an idiotic child, aged six years, "destitute of convolutions, and consisting of an uniform layer of medullary substance, covered by a thin coat of cineritious matter."

Induration, or *hardening* of the brain, according to Pinel, causes fatuity, with more or less of palsy. This author found, in one of the hemispheres of a female who had died in a state of idiocy, a portion of the medullary structure extremely hardened; and, in the same individual, there existed, in the whole posterior and inferior border of the

* "Dictionary of Medicine," art. "Brain," New York edition, p. 264.
† "Archieves Gen.," t. vii, p. 31. ‡ "Jour. de Med.," t. vi.

cerebellum, an induration of a fibro-cartilaginous description. "Induration of the brain," says Dr. Copland, "has been long familiar to pathologists in relation to mental derangement. As to the *phenomena* to which induration of the brain gives rise, every practical man must feel considerable interest. The first and more general induration of the brain generally occasions loss of memory, confusion of thought, and derangement of the mental manifestations, causing insanity, without lucid intervals. When the induration is advanced in degree, or considerable as to its extent, or both, and especially when its long duration has been indicated by continued mental derangement, a complete obliteration of the mental faculties, or fatuity, is frequently its attendant towards the last periods of life, and may, therefore, be considered as the consequence of the most advanced degree of this lesion. The signs of *partial* induration of the brain, in any of the grades to which I have referred, will vary, according to the extent and seat of the lesion. They consist chiefly of a progressive defect of memory, inattention, or an inability to pursue a long train of thought, indifference to momentary impressions, and to present or future occurrences, difficulty of articulation, derangement of ideas, with partial or total loss of the affections, appetites and desires; and, ultimately, increased loss of speech, palsy, convulsions, or want of power over the muscles, fatuity, general or partial wasting, and death."*

Bouilland gives the case of a man, sixty-eight years of age, who had impaired memory, head-ache, difficulty of expressing his ideas, muscular weakness, and convulsions, after symptoms of cerebral disease. On examination, the cerebral substance was found injected, and there was induration "passing from the striated body of the left hemisphere, through the nucleus, at the upper region of which it formed a cavity with hard yellow walls; a similar hardened portion also existed in the posterior lobe."†

Lallemand found, in a patient who had complained of fixed pain in the forehead, palsy of the face and confusion of memory, the membranes matted together, to the extent of a thirty-sou piece, at the anterior extremity of the left hemisphere; and the subjacent cerebral substance hardened to a schirrous or cartilaginous firmness, and adhering closely to the membranes.

Tumors of various kinds frequently interfere with the functions of the brain. We may enumerate, 1st, tubercles of the brain—*tyroma*

* Op. cit., p. 293.

† Sur l'Induration Generale de la substance du cerveau, consideré comme un des effets d'Encephalite Generale aiguë "Archives Gener. de Med.," 1825.

(Craigie); 2nd, bony tumors and calcareous concretions—*osteoma* (Hooper); 3rd, flesh-like tumors—*adenoide condusa* (Craigie); 4th, fibro-cartilaginous tumors—*scirrhous chrondroma;* 5th, the *hæmatoma* of Hooper; 6th, *hygroma* of Hooper; 7th, encephaloid or cerebriform tumor—*medullary sarcoma;* 8th, adipose tumor (Manzel); 9th, lardaceous or fatty degeneration (Andral Hebreart), &c.

Hebreart* reports four cases, two of the brain and two in the cerebellum, of adipose tumor. "In the first of the former," says he, "a distinct tumor, consisting of matter of a yellowish color and lard-like consistence, the size of a nut, in the anterior part of the anterior lobe of the right hemisphere, gave rise to idiocy. In the second, a square inch of the posterior lobe of the left hemisphere was converted into a yellowish, pulpy matter, which was separated from the contiguous sound brain by hardened cerebral substance. This, in a man aged forty, caused epileptic paroxysms, occurring once or twice a month, which at last proved fatal by causing asphyxia. In the first of the cerebelic cases, in a young man who had been idiotic for six years, the cerebral substance forming the walls of the fourth ventricle had been converted into a yellowish lardaceous matter; in the second, that of an incurable maniac, a space, six lines in diameter, of the lower part of the right hemisphere of the cerebellum had become hard, yellowish and lardaceous, both in the gray substance and also in the white."

Like effects may, no doubt, be produced by all the other kinds of tumor. Tubercles are frequently met with in the brains of children of a strumous habit. I have also seen them in the brains of those who have died of phthisis. If I remember correctly, such were found in the brain of the late distinguished Dr. Armstrong, and some remarks were made by the writer of his memoirs as to the probable connection between such and his mental state shortly before death; but I have not the memoir to refer to. In treating of the diseases which affect the brain sympathetically, we may have occasion to refer to this matter again, in connection with the mental state of those suffering from pulmonary consumption, in future numbers of the *Journal of Insanity*.

* "Annales Med.-Chirurg.," Paris, 1829, p. 579.

ARTICLE III.

THE FARM OF ST. ANNE. By John M. Galt, M. D., Superintendent and Physician of the Eastern Lunatic Asylum, Virginia.

In order to find employment for its insane inmates, the idea was carried out at the Bicêtre, some years since, to purchase a farm in the neighborhood of Paris; and through the exertions of the enlightened Ferrus, this, with its great attendant advantages, was accomplished in the "Farm of St. Anne."

We propose that to every asylum there should be a farm and farm-house attached—in other words, the adoption of a plan analogous to that of the Farm of St. Anne, but with a number of modifications based upon the ideas which we go on to advance. First, then, the general outline is that of a farmer and his family to reside in a central house suitable for the accommodation of his own household, and some lunatics. The mass of these patients are intended to be working-men—those of quiet demeanor—laboring under chronic insanity. These will spend a happier life than in the crowded wards of an asylum, and also a more useful one, tending by their work to be self-supporting. A second class will consist of a few lunatics whose unsoundness of mind has not yielded through the operation of the various constituent influences of an asylum; in whom the monotony of an institution seems, indeed, to tally with the character of their derangement, actually giving it a fixedness instead of affording relief. By the arrangement which we propose there is obtained the action of the family circle, but in a form excluding the evils inherent in any position of a patient amongst his friends; and this arrangement, by more decidedly calling into play the undiseased faculties than occurs in an asylum, would tend in a greater degree to a restoration of sanity. As this section of the insane is marked by no unvarying and similar characteristics, for a portion of them strong rooms would be required, but only a few, which might be either in the central edifice or in cottages. So far as the sick are concerned, in the first place, we occasionally find an epidemic breaking out in the crowded wards of a hospital, and numbers of the patients will be swept off; moreover, in that event, the very despondency attending the sight of so much disease and death around them is calculated to hasten the end of such weakly constituted persons as the insane. How refreshing, then, must be a plan, to these patients, which sends them to breathe the pure

air and experience the quietude of the country! Again: there are cases of chronic disorders of various kinds, in some of which the malady seems either aggravated or even engendered by the air itself of a large establishment, contaminated as it is by so many breaths; here, again, we have a prospect of benefit alike from the change of air and, in addition, by a comparatively purer state of atmosphere.

I have elaborated the proposition involved above as fully as I would wish, so far as regards details, for practically these would be easy, if the general outline were previously adopted. I have, therefore, but little to say in addition, as to particulars, but would amplify as to further advantages by which the scheme under discussion is, in my poor judgment, attended.

Commencing, therefore, with the class to which I have given priority of mention, or the chronic insane, I think, in the first place, that for them a more agreeable locality would be acquired than the mephitic air of a hospital. And still further to ensure this, instead of placing them in the farm-house, I would have a series of cottages. These, too, being quiet and manageable, very slight fastenings would be needed—in truth, rather for the apparent supposition of guarding the public than for any real precaution against escape. I think, indeed, that such an arrangement is doubly suitable for those with minds thus impaired. For, first, as I have said, what need is there of confining these where they are disturbed by the noise and inhale the air affected by the unpleasant habits of so many patients? And, secondly, they are entitled to an exemption from the bolts and bars that are demanded for the more unruly, for recent and other cases requiring precautions of the kind. Indeed, as expressed elsewhere by myself, in a different article, I am satisfied that the insane, generally, are susceptible of a much more extended liberty than they are now allowed. Even as it is, on going from some institutions which I could mention to those of New England, the latter, by the great contrast which they afford in this respect, appear mere prison-houses, notwithstanding their many internal attributes of comfort and elegance, and a general management and systematic action in which they are superior to the asylums referred to, and, in fact, have few equals anywhere. I desire, then, to see the plan which I propose put in execution, as much because of the greater degree of liberty which at least one section of the insane would attain as for any other reason.

At the village of Gheel, in Belgium, situated thirty-five miles from Antwerp, in the department of the Deux Nèthes, it is well known that the insane, amounting to many hundreds, have been placed under the management of the villagers, instead of having them in one large building, as elsewhere. These lunatics have nearly the same freedom as the

citizens of the commune, going at large everywhere. For example, there are several "estaminets" in the village, whither many of these patients resort to enjoy their pipe and glass of beer, and to play at billiards; and "their presence nowhere excites the smallest attention." I have before me some half a dozen accounts of this unique and interesting experiment, by as many visitors of the medical profession. I refer to one of the latest, found in a work published in London, in 1852, by Dr. N. F. Cumming, at the time of whose visit there were *one thousand of the insane* under the mode of treatment pursued at Gheel. Hear what he says, and observe how fully his remarks bear out the views which I have ventured to advance: "So far as I know, there is no establishment similar to Gheel in Europe. It undoubtedly possesses several advantages, and is capable of teaching us some important lessons. Of these the foremost lies in the fact that the insane may live in the enjoyment of almost unrestrained liberty, not only with little danger to the community which harbors them, but even as useful members of that community. How much misery might the due appreciation of this truth have saved the unfortunate lunatics of Europe during the last forty years! Cooped up within their dungeon-walls, how many have dragged out a miserable existence uncheered by the glorious light of day and the fresh breezes of heaven! Gheel has also this great advantage, that the self-respect of the lunatic is not wounded by an array of guards and prison-walls: he feels himself a free man, and instead of being cut off from society, he mingles with his more fortunate fellow-men. Nor is this liberty frequently abused, only six or seven attempts to escape having been made during the past year." We repeat, then, that we are the more in favor of the plan which we propose, because it is calculated to give the insane a proper degree of freedom, instead of being cooped up as they now are in our best asylums. Would that the friends of the poor lunatics could be convinced of this deficiency; America might then have the honor of establishing at least one new principle in the government of those laboring under mental alienation. Up to this time what has she done in this respect? Absolutely nothing, must be the true answer with every unprejudiced mind. Whilst, indeed, those entrusted with the supervision of the insane, and particularly those at the head of the most richly endowed asylums, shall deem the true interests of their afflicted charge not to consist in aught on their part but tinkering gas-pipes and studying architecture, in order merely to erect costly and at the same time most unsightly edifices—erections at which Mr. Ruskin would shudder—so long may we anticipate no advancement in the treatment of insanity, as far as the United States is concerned. Turning to another page of Dr. Cumming's little work, we find the

views also confirmed which we have brought forward as bearing upon the subject of health; for he observes that the physician who has the care of the insane at Gheel says that he "does not consider the mortality greater among the lunatics than among the sane population." And Dr. Cumming goes on to remark, further, that he himself "can vouch for having seen a man of ninety, hale and strong, and a woman of eighty, both lunatics." And we may mention that, in his account of Gheel, the distinguished medical psychologist, M. Moreau, (de Tours,) makes the following important comments to precisely the same effect: "Les travaux auxquels se livrent les aliénés à Gheel, l'habitude d'une nourriture simple et frugale, comme celle des paysans flamands, l'air pur et salubre de la contrée, contribuent à leur bien-être physique. Il est impossible de n'nêtre pas frappé de l'air bien portant, de l'embonpoint de ceux que l'on rencontre dans les rues et dans la campagne. En générale ils parviennent à un âge avancé. On en compte présentement, dans les colonies un certain nombre de quatre-vingt à quatre-vingt-dix ans. En 1838, il y avait deux centenaires."

As regards a second class—those not improving from the discipline of an asylum, and who still offer the prospect of amendment under different circumstances—it may be remarked, in addition to what we have already said, that one of the advantages pointed out long ago, and well-recognized in hospital treatment, is, that by a separation from their homes and friends, many morbid associations—ideas connected with the cause of the mental disturbance—are broken up, and are likely to be replaced by feelings of a more natural cast, and by conceptions less connected with deep-seated delusion. But there is, we are satisfied, reason to believe that, after a while, the same process is repeated over again in an asylum—that is, that the patient gradually interweaves his false notions, suspicions and other morbid traits with the constituents of an institution, almost precisely as he had done at home with respect to the circumstances there around him. Hence, in the first place, there would be the probability here of a revulsive action of beneficial character from being removed to a farm, as is proposed under our theory. But, secondly, there is another consideration which we consider as deserving attention in the highest degree, and this is, that, apart from all change of scene and its intrinsic psychical action, it must be more than probable that to some minds the influence of life, in some modification of the family circle, would be essentially more potent than any result attainable from the mental bearings appertaining to the constituents of a large establishment, such as an asylum generally is. For, after all, when we analyze the principles of moral management, there is not any great difference between the rules for the government of the sane mind and

those applicable to a mind diseased. And, indeed, it has been a doctrine advanced by standard authority, that the best policy in the general management of the lunatic consists in deviating as little as possible from the ordinary daily life and habits of the sane. Such being the case, no one but the most fanatical follower of Fourier and Owen can doubt that there are minds on whom the family circle would be far more effectual in its operation than the best efforts when connected with a hotel-like establishment.* For what wonderful, what powerful results in the life of nearly every one may be traced to the silent and almost unconscious workings of a few minds, mutually acting and reacting on each other! Hence, if there was no other reason for so doing, we would be led from this alone strenuously to advocate a system by which an opportunity offers to change, in some cases, the common life of a large establishment for the great but potent agency of the family circle —an agency which is indissolubly intertwined with the most salutary associations, and with the most tender and deeply rooted emotions of the heart—an agency whose wondrous and resistless power is felt and acknowledged by every kindred and nation and people of the earth.

The great influence of change of scene and air in disease has been a fact so generally acknowledged in medicine, that we need not enlarge on the advantages involved in the power of carrying out this change that the plan which we propose will enable to be effected. But we are satisfied, in addition, that the very abdominal affections which have proved an evil of such magnitude in many of our institutions are precisely the maladies that the new location will be calculated to benefit, as compared with the crowded wards of an asylum. Moreover, in the event of a sickly season, the general depressing influence of the numbers languishing and dying will also be lessened. And the fact that, in many hospitals, the occurrence of a death is concealed from the mass of the inmates proves the estimate which is placed upon this consideration. Besides, even under ordinary circumstances, there are, perhaps, some patients with so nervous a constitution that the mere sight of the mental suffering around them, or the disturbing influence of the noise and lamentations of their companions at night, in a large institution, is such as to render a position amongst fewer companions more advantageous than their usual situation.

It may be observed here, that at Gheel both males and females are received, and a general liberty is allowed.† Dr. Cumming says, in this

* I recollect the decrying observation of a patient as to a lately erected and beautiful saloon in an asylum—"but it does not look like people lived in it."

† With regard to the full merits of the system at Gheel, as compared with that in use elsewhere, we think a modification of the two preferable to either, and

regard, that, according to the physician of Gheel, Dr. Parigot, cases of illicit intercourse between the sexes are of rare occurrence. And† Esquirol states: "Quoique les hommes et les femmes aliénés vivent librement entre eux et avec les habitants, il n'en résulte rien fâcheux pour les mœurs; et les grossesses des femmes aliénées sont excessivement rares." But M. Joseph Guislain remarks: "Le libre commerce des deux sexes entre eux est encore un vice qui mène a' l'immoralité, et qui ne peut nullement être salutaire aux aliénés." And it may be remarked, that, on the farm which we would have as an adjunct to every asylum, our hypothesis has reference to the male sex only, unless, indeed, there were a separate establishment, on a smaller scale, adapted to the females. The advantage, under present arrangements, to the latter, we should hope for in the elegant pleasure-grounds that might be enjoyed by parties of them, through the industry of the male patients—an industry which would be attended by the most fruitful results, when so properly applied as it could be on the farm which we propose. But, in truth, we should prefer that separate asylums should be everywhere provided for the two sexes—a measure rendering the additional idea of a farm applicable to the one sex, and to the other merely a large garden.

arrive at the same conclusion as M. Moreau: "Gheel n'est, apres tout, a mes yeux, que la réalization imparfaite d'une idee théorique pour laquelle je reserve toute mon intêrêt toute mon admiration."

† As to another point, which we know by experience to be practically of the utmost importance, Esquirol observes, whilst discussing the arrangement at Gheel: "Quoique libres, ces malades ne sont jamais l'occasion d'accidents graves pour les femmes enceintes, ni pour les enfants du pays; et les habitants de Gheel vivent au milieu d'eux dans la securite la plus parfaite."

ARTICLE IV.

ON THE BILL TO ORGANIZE AN INSTITUTION FOR THE INSANE OF THE ARMY AND NAVY OF THE UNITED STATES, AND OF THE DISTRICT OF COLUMBIA.—Remarks of Hon. John G. Davis, of Indiana, in the House of Representatives, February 22, 1855.

The following remarks of Mr. Davis, on the bill for the organization of the new Government Hospital for the Insane, are from the *Congressional Globe* of February 27th, 1855; and we take great pleasure in transferring them to the pages of the *Journal of Insanity*. The construction, organization and opening of a national hospital for the insane are events of no ordinary importance, and demand more than a passing notice. We therefore give the remarks of Mr. Davis entire, and would especially commend them to the attention of our readers. They show a knowlege of the subject which could only have been acquired by the most careful and impartial investigation; and we hope that the enlightened humanity displayed by Mr. Davis and his colleagues on the "Committee for the District of Columbia," will not be lost upon future legislators. Our national legislature has established a precedent which our state legislatures would do well to follow in the erection of hospitals for the insane.

Soon after the first appropriation was made by Congress, the Secretary of the Interior appointed Dr. Charles H. Nichols to superintend the construction of the building. This appointment was appropriately noticed in the *Journal of Insanity* for January, 1853, and we would only remark here that all the advantages anticipated at that time have been realized, and an institution has been founded at the seat of government, under the immediate supervision of Dr. Nichols, of which our country may be justly proud.

The hospital is now open, and has already received thirty-one patients. Accommodations for fifty are nearly completed. The following is the speech of Mr. Davis introducing the bill for the organization of the institution:

"Mr. Speaker, it will be remembered that, on the 31st of August, 1852, $100,000 were appropriated by Congress for the purchase of a site, and the erection, furnishing and fitting up of a hospital for the insane of the army and navy and of the District of Columbia.

"The site, which is situated in this District, on the south-east side of the Anacostia river—better known, perhaps, as the eastern branch of the Potomac—and about two miles due south from the Capitol, came into the possession of the Government on the 1st of January, 1853, and on the 27th of May following the foundation of the hospital edifice was commenced.

"At the close of the first session of this Congress a further appropriation of $36,809 was made for the same objects.

"At the present time a portion of the building, capable of accommodating about forty patients, with their usual care-takers, is completed, and occupied by the insane of the District.

"The external and internal walls of another portion, conforming to the original design, and with capacity for fifty patients, have been erected since the adjournment of the last session. A wash, gas and engine-house has also been erected since the adjournment of the last session, and so far completed as to be used for its appropriate purposes, and arrangements have been made for supplying and storing an abundance of good water.

"At this stage in the progress of the work an organic law, regulating the mode of managing the institution, is plainly demanded.

"After a very careful and full consideration of the subject, the Committee for the District of Columbia unanimously concur in recommending the bill which I now have the honor to introduce.

"The plan of organization for which it provides appears, from various authoritative documents touching the subject examined by the committee, to embrace all the provisions for the creation of a proper board of supervisory inspectors or visitors, and for the appointment of a resident principal, or superintendent, with powers suited to an efficient, economical and useful conduct of the daily affairs of the hospital, which are found to be *usual and uniform* in similar establishments situated in the different States of the Union.

"The provisions of the bill for the admission and discharge of the several classes of patients which the institution is designed to accommodate, are believed to accord with the benevolent and liberal designs of Congress in establishing it, and with the laws and customs of the several departments of Government concerned, and, at the same time, to be equally applicable to any changes that may, from time to time, be made in the legal relations of the insane of either the army and navy or of the District.

"There are, Mr. Speaker, in our country, *thirty-three* public institutions exclusively devoted to the care and treatment of the insane, situated in *twenty-three* different States. *Three* other States are now build-

ing hospitals for their insane, and *five* are not known to have yet commenced any special provision for that afflicted class of our fellow-men. Besides the institutions which I have mentioned, there are in the United States *five private* establishments for the treatment of deranged persons.

"The official *personnel* engaged in administering the affairs of each of *thirty* out of thirty-three of these establishments corresponds so precisely the one with the other, that the organic act touching that point of any one of them might be applied to all without materially deranging their present respective modes of management. *Sixteen* of these institutions have gone into operation within the last *fifteen* years, and all with precisely the same internal and external *régime*.

"This uniformity, sir, did not arise from a blind imitation of some earthly example, accidental in its character in all subsequent enterprises of the kind, but is the natural result of mature experience interpreted and applied by men actuated by a sincere and enlightened benevolence.

"The early institutions in this country started off in imitation of the then prevalent mode of management in British asylums. Their organization seems to have been derived from that of ordinary hospitals, at a time when the management of the insane was very different from what it now is. There was, accordingly, in the insane as well other hospitals, a physician, or surgeon, who should visit the patients two or three times in the week; a house-surgeon or apothecary, to live in the house, prepare the prescriptions of the physician, and be ready for accidents and emergencies; a steward to manage the finances and household economy; and a matron to look after the female patients. The power intrusted to these officers was so equally divided between them that responsibility was frittered away, and that unity of plan and of purpose so necessary in maintaining the ordinary routine of service, not to speak of any higher end, was entirely wanting. Each officer was constantly interfering with some other, and preparing for some fresh jealousy or heart-burning disorder or dissatisfaction. The ignorance, temper and caprice of the keepers, as those having the immediate charge of the patients were styled, suffering but little check from the loose and ill-defined authority above them, literally rioted among their deplorable victims, and the English receptacles for the insane were popularly and justly known as *madhouses* or *bedlams*, and were the theatres of the grossest abuses. Finding our prototypes in the mother country radically defective, and there being here no prejudices of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present *régime*, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent to whom is confided the requisite

authority, and upon whom is laid the responsibility of a humane and skillful direction of his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and of the duties of all persons engaged directly or indirectly in their care. An assistant physician, who acts as apothecary, and aids the principal in all his labors, and a steward and matron, also reside in the institution with the superintendent. Holding this relation to the patients and all the employés of the establishment, the principal enjoys the best opportunities of studying the peculiarities of each case, and of adapting his treatment to the ever varying exigencies of such a peculiar household, and, at the same time, of knowing and promptly correcting the abuses which the care of irresponsible and exceedingly troublesome persons naturally engenders. Frequent inspections of the establishment by a board of visitors, composed of individuals well known in the community, and possessing the public confidence, is found to be an efficient, practical means of preventing frauds and abuses from creeping into its service, and, also, of affording the medical head that support before the public, under difficulties, to which he is entitled.

"It has been proposed, sir, that a consulting physician should be officially connected with the 'Government Hospital for the Insane;' but in recommending such an office, the committee would have disregarded the great weight both of testimony and practice upon that point.

"Dr. Kirkbride, physician-in-chief of the Pennsylvania Hospital for the Insane, distinguished alike for his great ability and long experience in the treatment of the insane, writes:

"'No such officer as consulting physician, or visiting physician, or president of a board, as was formerly adopted in a few institutions, should ever be allowed, for such arrangements invariably lead to difficulties of a serious nature, and can be productive of no advantage. I speak without hesitation on this subject, because, in my seventeen years of service among the insane, I have had ample opportunities to witness the results of the different systems that have been proposed. All the schemes of having non-resident officers controlling institutions for the insane have proved signal failures; and I do not think you will find any one who has had much to do with the management of such institutions recommending any other course than that adopted unanimously by the Association of Medical Superintendents. It seems especially important that the national hospital, located, as it is, at the seat of Government, should be a model, not only in its buildings, but, what is of still more importance, in its plan of government and system of management.'

"Dr. Kirkbride then refers to an essay written by him, and published

in the *American Journal of Insanity*, for his views more in detail on this subject, and from which I beg leave to read the following extracts:

"'*Physician.*—The physician should be the superintendent and chief executive officer of the establishment. Besides being a well-educated physician, he should possess the mental, physical and social qualities to fit him for the post. He should serve during good behavior, reside on or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as assistant-physician, steward and matron. He should have entire control of the medical, moral and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution.

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"'It would seem to require but little argument to show that a hospital for the insane should have but one official head—in reality, as well as in name—to whom every one employed about it must be strictly subordinate. It would be as reasonable to suppose that a proper discipline or that good order would prevail in a ship with two captains, or in an army with two generals-in-chief, or in a school with several principals, as to expect to find them in an hospital of the kind referred to, where two or more individuals were acting independently of all others, or in which there were certain officers over whom the physician-in-chief had no control. If such an arrangement ever worked well anywhere, it must have been owing to some very peculiar mental organization in those acting under it, and not because the principle was not radically wrong.

"'The very peculiar character of a majority of the patients received in such institutions, the numerous body of assistants required in their care, the large number of persons employed in the various departments, the necessity for active and unceasing vigilance, joined with gentleness and firmness in all our intercourse with the mentally afflicted, and for prompt decisions in cases of difficulty, render it indispensable—if we wish the best results—that a large amount of authority should be vested in the chief officer.'

"Dr. Bell, of the McLean Asylum, near Boston, now the senior superintendent in office in this country, after expressing, substantially, the same views as the preceding, adds:

"'I believe I only express the universal opinion of all engaged in the cause of the insane, when I say that we watch the operations of the national institution with the deepest interest. We feel that there should be a model in *régime* and detail, after which the hundreds of institutions to come may be wisely conformed. So far, it has met the entire approval of all those practically engaged in this specialty.'

"Dr. Stribbling, of the Western Lunatic Asylum of Virginia, and who is distinguished for the able manner in which he has conducted the affairs of that institution for the last eighteen years, has expressed his

approval of the provisions of the bill under consideration in the following terms:

"'After a connection with this asylum for more than eighteen years, I hesitate not to say, that if the responsible duty should devolve on me of framing a system of regulations for its reorganization, I would adopt, in every *material* particular, the features embraced in the act which you inclosed me.'

"Again: Dr. Ray, late superintendent of the Maine Hospital for the Insane, and now of the Butler Hospital, near Providence, Rhode Island, in an essay 'On the principal Hospitals for the Insane in Great Britain, France, and Germany,' delivered in 1846, and published in the *American Journal of Insanity*, after reviewing at length the system of treating the insane, and mode of managing asylums in those countries, gives a decided preference for our system over all others, and adds:

"'The organization which prevails in our institutions is, under all the circumstances, the best that can be devised, embracing a physician who resides in the house, completely controlling the management of the patients and everything relating to their welfare, appointing and discharging the attendants, and responsible for the general condition of the establishment; an assistant physician, seconding his views, sharing his labors, and thus enabling him to "discharge his responsibility to science," using the language of Jacobi, "for the results of his medical observations, and for the promotion of his own advancement as a man and as a philosopher;" a matron to direct the housekeeping and superintend the work and clothing of the female patients; a steward to manage the financial and out-of-door concerns, and provide for the subsistence of the whole household. All the officers are usually appointed by the directors; but the assistants should virtually, at least, be appointed and discharged by the superintendent alone.'

"Dr. D. T. Brown, physician-in-chief of the Bloomingdale Asylum for the Insane, in the State of New-York, in a letter of the 27th of December last, writes:

"'I can discover no advantage whatever in adding to the corps of officers therein mentioned, (medical superintendent, assistant physician, steward and matron,) or in varying their relations and duties.'

"'The medical superintendent should be untrammeled in his internal administration by any official embarrassment.'

"'To him, *and to no other*, though he have a score of counsellors, is each patient entrusted by their friends; on *him* and on no other, rests the *personal* responsibility of their care and treatment; in his mind *alone* is the sense of that responsibility constantly present and effective; and for him alone are official success, professional reputation, the love of patients, and the esteem of their families identified with a conscientious discharge of duty.

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" ' Efficient and successful administration of an insane hospital is to be secured only by entrusting its affairs to *one controlling mind.*

" ' Division of authority entails division of responsibility, indifference to the higher moral duties of such a station, variance of opinion on, and consequent confusion and mischief in, daily occurrences requiring decisive action.

" ' It involves the almost certain destruction of that unity of control over attendants and domestics, and that corresponding sense, in their minds, of dependence upon a single source of authority without which an asylum becomes truly a bedlam.'

" And now, Mr. Speaker, I might adduce other arguments. I might produce to the House the opinions of many other distinguished gentlemen, whose ability, learning and experience entitle their opinions to the highest consideration, to show that the plan of organization and management of this institution, in the bill before you, is substantially similar to that universally adopted in this country, and which has, from experience, been found to be the best calculated to promote the humane and benevolent purposes for which they are designed, but I consider it unnecessary.

" One interesting circumstance in the history of the progress made in the management of the insane, brought to my notice in the examination of this subject, addresses itself to the patriotism as well as benevolence of this body—it is, that a little more than a quarter of a century has sufficed to produce a complete revolution in the relative positions of the English and American asylums. Hardly thirty years have elapsed since we were the grateful imitators of the mother country. We might now be proud of the fact, that we are, to no inconsiderable extent, her exemplars; and her time-honored, but cumbrous and inefficient system of management is fast giving way to the practical, common-sense plan which prevails here.

" I apprehend no one is likely to overrate the importance of making this establishment at the seat of the general government a model in its construction, organization and management, to which, as Dr. Bell remarks, ' the hundreds of institutions to come may be wisely conformed.'

" Humbling as is the confession, the class of institutions under consideration are designed to relieve a condition of humanity which is, perhaps, quite as likely to overtake the proudest as well as the humblest citizen; and whatever tends to elevate their character and increase their usefulness should command our regard and receive our support.

" Mr. Speaker, the institution for the insane in my own young State is the pride of our people. It has accomplished the most beneficial results for this unfortunate class, and met the most sanguine hopes of its early projectors.

"The examination of this subject, appealing, as it does, to the best sympathies of the human heart, has been to me a source of satisfaction. I have not regarded it as a work of labor, but a work of pleasure; and although my remarks have been somewhat extended, they have not been submitted with a view alone to influence the action of Congress upon this bill, but with a hope that they may be of some value to those in other parts of our country who may hereafter engage in similar works of charity and benevolence.

"I presume, Mr. Speaker, there can be no objections to the bill, and therefore call for the previous question."

"The call for the previous question received a second, and the main question was ordered to be now put.

"The bill was ordered to be engrossed and read a third time; and being engrossed, it was read the third time and passed."

ARTICLE V.

CRIMINAL LUNACY.—CASE OF JOHN HADCOCK.

One year ago last February, John Hadcock 2nd was confined in the jail at Morrisville, Madison County, under sentence of death for the murder of Mary Gregg. He had been convicted on a second trial, the first jury not having been able to agree on a verdict; a part entertaining doubts as to his guilt. The plea of insanity was not offered on either trial. After his conviction an effort was made to procure a commutation of his sentence; and we are informed that the court which tried him, and even the prosecuting attorney, were among the number who thought that the ends of justice would be best attained by his imprisonment for life.

The Governor, however, having been informed that the opinion was entertained that Hadcock was insane, and therefore not a fit subject for punishment, advised that a jury should be called to inquire into the facts. An order was accordingly issued by Judge Mason, and a jury summoned. The examination commenced on the 13th of February, 1854, Sheriff Potter presiding, and we proceed to give so much of the testimony elicited as seems necessary to a correct understanding of the mental condition of the prisoner.

John Potter: I reside in Stockbridge, and have known the prisoner about twenty-seven or twenty-eight years; knew him up to the time of his arrest; do not know his age, but should think him over forty years.

Will you state what kind of a man he has been?

This question was objected to by the District Attorney, on the ground that the inquiry should not go back of the conviction of the prisoner, as he could not be convicted or sentenced if insane at the time of his trial, or of the commission of the crime; that this jury are not to say whether the jury at the Oyer and Terminer was right or wrong, but simply to inquire whether he had become insane since his conviction and sentence. The District Attorney read a letter from the Deputy Attorney-General sustaining his position, also a letter from Governor Seymour, holding that the question to be tried was, whether the prisoner is *now* insane, but that it might be competent to review his former habits, &c., to show whether he is now insane. The Sheriff stated that he had anticipated this question would be raised, and had taken counsel, and was of the opinion that his counsel could go back of the trial, and give evidence in regard to his mind. Objection overruled.

When I first knew prisoner he was quite a boy, somewhere from twelve to fifteen years of age. He was then called a smart boy to work, and used to work from place to place. He never had any education or advantages. Should think his intellect, however, was on a fair average with other boys of his age. He has been in the habit of using liquor to excess, almost from a boy, the habit growing upon him. Of late years appeared to me to be *degraded;* not the man he once was. He went to the poor-house two years ago this winter; and the first I knew of his being out of the poor-house, I saw him in the woods northwest of Knoxville. I was coming through the woods with Mr. Bridge, when Mr. B. asked me, "What man is that?" I turned and saw Hadcock; went to him and tried to get into conversation with him, but could not. He had cooking utensils with him. It was in the season for green corn. Found some potatoes in a stump near by. Should think, from appearances, that he had been there a day and night. This was a few days before he was arrested—I should think about a week before. He made no answer to any questions. Did not say what he was in the woods for. It was uncommon to see a man of his appearance in the woods. He had a little fire. His countenance was altogether different from former years; his manner was different. He was shy and reserved. Seemed to draw away. Did not look up. His dress was much worn. This was the latter part of the week before the murder. Saw him once after he was arrested, on his way to Morrisville, but did not speak to him.

I saw him in the woods the latter part of the season after haying. Did not find any liquor with him. He was in the habit of working for people for wages until he went to the poor-house. He has never worked for me. Has worked for Mr. Snell, in my neighborhood, one season.

Jeremiah Cooper: I am acquainted with the prisoner, and have been for about twelve years. Have sometimes talked with him. Sometimes I could get him into conversation, at other times could not. He seemed to me to be just about half a fool. I think the last time I tried to get into conversation with him was at Dr. Sumner's, but I could not. I asked him about politics and plank roads, &c.; he made no reply. He has changed. He used to live in our town, and his father also. He did not appear intoxicated at Sumner's.

John M. Foreman: Have known the prisoner twelve or fifteen years; has lived in my vicinity; been very intemperate. He has had no home; has lived at Mr. Snell's and Mr. A. Gregg's. I think he was taken to the poor-house about two years ago last November. Is not as intelligent as in former years. Did not look as poor and desponding years ago. Two years ago had a conversation with him about Snell's daughter (this daughter was then unmarried; she subsequently married Mr. Gregg, and the prisoner was under conviction for her murder.) Came to my house and said Snell was owing him; that he had married Snell's daughter, and Mr. S. would not let him live with her. He said it was Mary Snell the deceased. Did not inquire anything about it. Have known of his having moody turns of my own knowledge. Told me twice about his marriage. The first time he was not sober; the last time I think he was. Have seen him at work at Mr. Snell's and at the two Mr. Greggs', but cannot say how steady he was there. He was never as talkative as most people. Think he was no more talkative when intoxicated than when sober.

John Gregg: Have known the prisoner ever since I knew anybody. Am twenty-nine years of age. Prisoner lived with me at two different times. I knew when he was taken to the poor-house, and when he was discharged. (Witness testified to his habits of intemperance.) When he came from the poor-house I met him. He said, "I am in trouble," and wanted to know if I would take him in. Said he had been to Uncle John and he abused him. I told him I would take him in, provided he would not drink. Told him he could not earn anything, and I could not pay him wages; that he might stay and cure his foot, if he could. (Foot had been frozen.) He stayed a month: worked some. Most of the time he sat on a block, between the house and the well, and on an old pump. He sat there from six o'clock in the morning till noon.

Afternoon would do the same. Would sometimes lie down under the apple-trees. He was gone four days the last of June or first of July, and said he had been to Syracuse, but did not say what for. Habits after he came back were the same as before, only once in a while would go and rake after the wagon. Stayed with me until the month of September. I think he was sober until just before he went away he had been drinking. He appeared altogether different while with me this time from what he used to. When spoken to would pay no attention, make no reply. No matter who spoke to him, he made no answer. Did not speak sometimes for four or five days. Would come to meals when we were half through eating. Was noisy at night. Think he did not sleep well. Would get out of bed and make a loud noise, hallooing. My hired man complained that he was afraid of him. He has failed in judgment and memory. Before he went to poor-house told me he was married to Mary Snell. Replied I did not believe it. He said it was true; that they were married by a Universalist clergyman living at Durhamville. I knew the prisoner had lived at Snell's. He came from Snell's to my house.

Witness said, on cross-examination, that it was in 1850 prisoner told him he was married to Mary Snell. Was sober when he told me about Mary. Told me about his marriage several times. Would talk longer and freer on this subject than any other. I think he asked if there was any way he could make Mary live with him. Said Mr. Snell and his wife were there when he married Mary. After his return from the poor-house, heard him muttering to himself. Heard him complain of pain in his head. He seemed to want to keep out of the way and to avoid company. The block he sat on was about two rods from the door; was not convenient to sit on; was twelve or thirteen inches one way by four or six inches the other.

David Gordon: Have known the prisoner twenty years. Saw him in Sept., 1852. He was sitting on John Gregg's barn-yard fence. Had a log that I wanted to roll. Asked him to help me; he made no reply. Could not get into any conversation. I did not think him drunk.

Absalom Gregg: Prisoner has worked for me, more or less, for twenty-five years. He was a bright, smart sort of boy. I used to leave him to manage business. Was faithful. He would work a spell and then take up his wages, and go and have a spree. The last three or four years he acted strangely. Could place no dependence on him. He seemed to be altogether changed. Seemed to fail in memory and capacity to work. Was stupid. Heard him talk about his marriage three or four years ago. Said he had been to work for Snell; had been sent

away and had nowhere to go. I told him he might eat and sleep, but I could not set him to work. He said they would not keep him at Snell's. Said he was married to Mary Snell. I replied, "Don't lie to me." He said it was God's truth, and began to cry. He was sober then. He asked me if there was not a way to compel her to live with him. I thought him sober when he told me this. Saw him occasionally after he came from the poor-house. He was stupid and complained of a terrible pain in his head. Would sit or lie down for half or a whole day at a time. Sometimes he would not eat, and looked very pale, as if very sick. These spells grew more frequent the latter part of his life. Was restless at night. These spells came on when he was sober. Voluntarily introduced the subject of his marriage. Was reluctant to talk about other things. Does not appear to me to act like the same person at all. Some three or four years since he pretended to be married.

Jeduthan Green: Have known the prisoner for five and twenty years. He used to be a good hand to work. Not as good for the last five or six years. He worked for Snell four years ago last summer, and did not appear as well as before. He told me about his marriage when we were hoeing corn. Said laughingly he had something to tell me; "You must believe me—I am married to Mary Snell." I told him I could not believe a word of it. Told me when and where he was married, that Mr. and Mrs. Snell gave their consent and were present. I talked with him a great many times on this subject, and think he was sober when he conversed with me about the marriage. After he came from the poor-house I thought his appearance very different. He seemed sometimes as if in a deep study, and did not care about conversing. Just before the murder, I was up at Snell's and saw the prisoner sitting on the well-curb. He said he could not work any way, that he felt bad, and that I would never see him again. He showed me two papers, one of them marked "poison," and said it was arsenic, and he was going to make away with himself.

John Hadcock, uncle to the prisoner, corroborated the testimony of the previous witnesses in regard to his habits and the change in his character. Said that his mother's name was Ostrander. She was pronounced insane by her physician. Would lay and scream and swear. Did this for a great while before she died. Heard that another of the Ostranders had been insane. Prisoner's father was intemperate.

Francis F. Stevens: I was formerly sheriff. I knew prisoner in the jail. He had been there three or four months when I left. Appeared then very much as he does now. Had ill turns, when he would complain of his head. I did not think him very intelligent. Do not

think he answered questions intelligently. I have seen him frequently up to the present time, and notice but little alteration since he was committed to jail. He was moody and silent. Sometimes I could draw out a little conversation, but it was rare. He acted very much as now. Do not know that his stupidity has increased any since he was placed in jail.

The District Attorney called a number of witnesses, whose testimony did not differ materially from the preceding. Some of the witnesses, however, had not perceived any striking change in the prisoner, and did not think him insane. We will give the evidence of some of them who had the best opportunity of observing the conduct of the prisoner.

Michael Foster: I have been acquainted with Hadcock eighteen years. He once worked for me one year, and was a faithful man. He worked for me six years ago, and was quiet, peaceable, and of few words. He has been at my house frequently since. The last time he was there he borrowed a gun. It is four miles from my house to where Mr. Gregg lived. He looked cheerful and bright then; did not have the downcast look he now has. Never heard him speak of his marriage to Mary Snell. Had not seen him for a year previous to his borrowing the gun.

Mr. Temple testified to the circumstances of the murder, the coroner's inquest, and the conduct of the prisoner at the time of his arrest. Thinks he appeared then as he does now. As we shall give the statement of the prisoner, we omit here the testimony in regard to the manner in which the murder was committed.

Frank Crane: I have known the prisoner since 1825. He was always a man of few words. Was intemperate. I used to work with him frequently. Never knew him to laugh heartily. Always considered him on an average with others as to his natural powers. Can't say that I have seen any change in regard to his talking. I saw him in the summer, some time before the murder, and had a conversation with him. (Witness gave the conversation.) I once saw him when I thought he would not live long. He had been drunk and exposed to cold, and his countenance then looked very much as it does now. This blank, stupid, passive cast of countenance came on oftener as he grew older.

Truman Benedict: I have known the prisoner four or five years, and let him have the gun which is alleged to have been used at the murder. He came to my house and wanted to know if I had a gun. Told him I had, and lent it to him. He was sober when he borrowed the gun on Wednesday. The murder was committed Thursday night. He looked brighter and more active than now. I don't know that I ever saw him

when he looked in the blank, passive way he does now. Took the gun in the daytime. There were several persons in the house when he was there.

Mrs. Asa Potter: "I am the wife of the sheriff. Have seen the prisoner weeping when he did not know that I saw him. Never saw him weeping but once; this was after his conviction. I have not conversed with him, except to ask him how he did. Sometimes he has gone without food for a day. Whenever I have seen him sitting down he has been resting his head in his hands; generally sat in that position. Have frequently heard him complain of violent pain in his head, and have heard him muttering at night and generally when he had the pain in his head. Have known him to go without eating two days at a time, as a general thing when he had head ache, but also at other times. I have seen him asleep in his chair. The expression of his face was the same then as it is now.

Moody Harrington: I am a clergyman. Have known the prisoner for six years. Heard both his trials and had an interview with him in jail. I introduced myself as a clergyman, and sat down and told him I had come as a Christian to converse with him, not in reference to his moral state, but to guide him as a spiritual counselor. He nodded, but said nothing. Proceeded to converse with him. I asked no questions in reference to his trial; but mention was made of Mrs. Gregg, who, he said, was his wife. Said he remembered there was a minister there when he was married. I prayed with him and then closed the interview. He appeared just as he does now. If his appearance is put on now, it was the first glance I had of him.

Dr. James Moore: I have known the prisoner more than twenty years. Have attended him when he was sick. Saw him the winter of 1850, and conversed with him at that time. I have seen him frequently, but never talked much with him. Have seen him once in jail. Have not heard the evidence. Never should have suspected him of being insane before the murder. Have not come to the conclusion that he does not know right from wrong. Some circumstances, if he did not feign, would indicate insanity. I think he feigns some of his appearances, don't *know* of any change in him that would not be attributable to his habits of drinking. I only saw him a few minutes in the jail. Thought his answers were studied; but that might have been my imagination. I saw him a week ago last Thursday, and did not see anything that made me think he was insane. His mother had paralysis. The prisoner always had a singular expression of countenance, and in this respect resembles his mother. I think there is some change in his eye.

Delusion, muttering and headache indicate a degree of insanity. Not seen much of insanity. Have seen a few cases. I think if a man commits a crime when really under a delusion, his delusion will expose him.

Dr. Franklin T. Maybury: I am a physician. Have practiced about fifteen years. I have examined, to some extent, the subject of insanity. Have seen the prisoner several times in the jail. Conversed with him and heard his history described by several witnesses. I have not seen or heard enough to convince me that he is insane; on the contrary, have had no doubt of his sanity, or his ability to distinguish right from wrong. I never saw anything that led me to suspect his sanity during any of my interviews with the prisoner. The answers to all questions I have put to him have been invariably correct. The natural effect of intemperate habits is to blunt and impair the intellect. A man might be deluded upon one subject and sane upon all others. Think a person acting under a delusion would be likely to be detected by it. In imperfect dementia, if there was no knowledge of right and wrong, or if self-control was destroyed, I should not expect any shrewdness.

Intemperance is a cause of insanity; it is so laid down in books. Not always easy to detect the difference between drunkenness and dementia. Assuming this to be a case of insanity, I would call him a monomaniac or partially demented. If I *believed* all the evidence in this case, the circumstances narrated would indicate insanity; and the proof would have still greater weight, if they could not be produced by any other cause. Change in manner, avoiding company, muttering and talking to himself are indicative of insanity. Delusion is the strongest evidence of insanity; babbling and muttering more commonly accompany dementia. Aside from delusion and babbling, there is no single evidence in this case that I would not expect from drunkenness. The prisoner may labor under partial dementia. One reason why I doubt his insanity is, that I believe he is feigning. If the belief in his marriage existed, and the other circumstances described by witnesses were true, I should have no doubt of his insanity.

Think a man who had been dissipated through life would be less mindful of his dress; might be less talkative, and if possessed of sufficient sensibility to appreciate his condition, would expect him to withdraw from society. If inclined to be moody, would expect him to become more so. Would expect headache to result from excessive dissipation, and might have it though he ceased to drink. If the delusion was so great that he could not resist the commission of crime, he would be as likely to commit it at one time as another. It is not very unusual for some men to talk to themselves. Think such a

man, in great trouble, would be likely to talk to himself; if insane, would expect him to do so in the daytime as well as in the night.

Dr. Cook: I am connected with the Asylum at Utica. I have been a physician there four years and a half, and have visited many asylums in this country and in Europe, and made the care and treatment of the insane a special study. The generally recognized indications of insanity are changes in the character and habits, in the manner of thinking and acting—changes which impair or destroy the power of directing or controlling the actions. The disease may be acute or chronic; it may continue a few months only, or extend over many years. I have heard most of the evidence in this case, and have seen and examined the prisoner. It is difficult to pronounce a decided opinion in many cases, especially after a brief interview; but, taking into consideration the previous habits and character of the prisoner, as testified to by witnesses, and supposing their testimony to be true, and comparing them with his present condition and appearance, I am led to form the opinion that the man is now insane. In a doubtful case a comparison of a man with himself, with a view to ascertain what changes (if any) have occurred, should be made. Delusions can only exist in a disordered mind. The belief in this marriage, as testified to by several witnesses, seems to have been a delusion in the prisoner's mind, which he still retains. In my interview with him in the jail, he replied to questions slowly and with much hesitation; said he was told he was confined for killing a woman, his wife; that he did not know how long he had been in jail; that it was warm weather when he was arrested. He complained that he did not sleep well, that he could not sleep; said he had headache—sometimes a beating, buzzing sound in his ears. This is a frequent complaint among the insane.

It is sometimes difficult to ascertain the mental condition. In expressing the opinion that the prisoner is insane, I presume that he believed he was married to Mary Snell; and my opinion is, of course, based upon the supposition that the evidence is true. I also form my opinion in part from my conversation with the prisoner and his appearance in the court-room. The forms of insanity are so blended, frequently, that it is difficult to say which predominates. I should think that this case more nearly approached dementia, and am inclined to believe that the prisoner is now partially demented. The disease may progress and the dementia become complete. A man may be insane, and yet understand the consequences of his acts; he may know right from wrong, to a certain extent, but not fully as a sane man. Many insane persons have the ability to distinguish right from wrong,

but the power of self-control is always impaired or destroyed. Drunkenness would have the effect to blunt the moral sense and impair the power of control over the passions, and frequently results in insanity. The appearance of the prisoner now, his apparent indifference, the immobility of his features, their total lack of expression, the changes which witnesses describe in him compared with his condition years ago, and, lastly, the existence of delusion, are the indications on which I base the opinion that he is now insane.

Delusions are frequent in cases of mania. Complete dementia is an obliteration of all the mental faculties. The progress of the disease is generally slow—sometimes rapid.

Dr. John McCall: I am a practicing physician. Have been in practice about forty years. I have read many works upon the subject of insanity, and seen many insane persons. I have heard most of the evidence in this case. Have visited the prisoner in jail, and, from the testimony presented and my observation, I am of the opinion that he is now insane. I have no doubt of his being insane. There is a form of insanity called monomania. Ray, on Insanity, is good authority.

Dr. C. B. Coventry: I reside at Utica, and have been in practice thirty years. I have directed my attention to the subject of insanity, and been, from time to time, consulted by the physicians at the Asylum. I have seen and examined the prisoner, and heard most of the evidence given on the examination. Changes in the character, the habits and manner; delusions, fixed or transitory, are indications of mental disease. Insane persons are often absent-minded, taciturn, sit listlessly in one position, and are averse to conversation. In regard to the classification of mental disease, authors differ. General and partial dementia are recognized by all authors. From the evidence in this case, and my observation of the prisoner, I have come to the conclusion that he is insane. His belief in his marriage, if there was no marriage, is a delusion; and the progressive change in the prisoner's mind, as described by witnesses, indicates the existence of that form of disease known as dementia. His general appearance now, the expression of his eyes, the manner in which he sits, and his apparent indifference to what takes place confirm me in this opinion. Solicitude in regard to his fate would not necessarily be an evidence of sanity. No testimony that could be given could outweigh the evidence of my own senses, and I am clearly of the opinion that he is now insane. A person may be insane and yet know the nature and consequences of his acts, and this knowledge is compatible with the existence of a degree of dementia. It is impossible to say just at what point a man loses the control over his actions. I think the prisoner is

in a state of imperfect dementia, and that all the faculties are impaired by disease.

The jury to whom the case was submitted could not agree upon a verdict, and were discharged. The Governor wrote to the Sheriff, promising a farther respite, if the district Judge should order another jury.—Such an order was not given, and the prisoner was executed on the 20th Feb., 1854. He made substantially the following statement. We would only remark here, that much of it is evidently the language of the person who wrote the confession for him, and a portion of it was apparently given in answer to questions. We omit such parts of the statement as are not important to the case, and also suppress one sentence in reference to the victim of his insane violence. We would not outrage the feelings of surviving relatives by the publication of such a statement, though uttered by an insane man:

"I was born in the town of Stockbridge, Madison county, and am now as nearly as I know, about forty-one or forty-two years of age. I do not know that I ever had any desire to injure any one in my life; if I was the enemy of any one, it was myself, in forming the habit of drinking liquor. I have not a perfect recollection of all the events of my early life.

"In July, 1850, on the afternoon of a Sunday, when it was near night, I was married to Mary Snell. The circumstances connected with the marriage are, as nearly as I can state, as follow: A Universalist minister, who then resided at Durhamville, as I believe, had preached at Knoxville. He used to call at Mr. Snell's. Mr. Snell attended his meetings. His name I know, was Cargill. What his given name is I do not know.

"Mary Snell had before promised to marry me, and she wished to have Mr. Cargill marry us. I at first objected, because I did not know as it would be right to have the marriage performed by a Universalist. She said it would not make any difference who did it, and I consented. Mr. Snell then sent for the minister. He came and married us in the presence of Mr. Snell, his wife, Elizabeth Snell, the sister of Mary, and several others in the family.

"Before the minister left, I asked Mr. Snell to pay him. He asked me 'How much?' I told him I did not know what would be right. He said people sometimes paid five, or three, or one dollar, as they pleased. I said, 'Pay him five, if you think it right, and take it out of what you owe me.' He said, 'I think that is too much.' I then said, 'Well, give him what you think you ought.' I think he paid him three dollars. I loved Mary, and thought she felt the same towards me, * * * *

"On Monday morning, after breakfast, I bade her 'Good morning'

and went to Mr. Absalom Gregg's to work. I felt very happy, and worked with a cheerful heart, in the hope of earning something besides what Mr. Snell owed me, that I might, some day, be able to commence housekeeping with Mary. After working at Mr. Gregg's during the week, I returned, on Sunday morning, to Mr. Snell's to see my wife. When I arrived at Snell's, Mary was in the wood-house scouring knives. I walked up to her and said, 'Good morning, Mary.' She replied, 'Good morning, John.' Immediately after, she came up to me and said, 'John, you must not say that we are married again.' I asked her if we were not married, and she replied, 'If we were, you must not say so now.' I said, 'Mary, I cannot think so.' She replied, 'You must.' Not knowing what to think or do, I sat down, while Mary and the family were running around from place to place. I remained until evening, when, seeing that all the family seemed to have some secret among themselves, I went back to Mr. Gregg's. But, before I left Mr. Snell's, I said to my wife, 'Mary, you know we were married last Sunday, and as long as I live and you live, I shall call you my wife, and why do you treat me so?' She did not reply, but went away, and I did not get a chance to speak to her again that night, and so I left, in great distress of mind. But, before leaving, I saw Elizabeth, Mary's sister, and spoke to her. She addressed me briefly and then left me alone. My brain was on fire. I did not know what to do. I returned to my place of work, but felt no more ambition to do anything. It seemed to me as if all my desire for life was gone. After this I had no opportunity to see and converse with Mary more. She either kept away or was kept away from me by others when I tried to see her.

"We met once, in the road, a few months after our marriage; she was then in company with another woman. After passing me a rod or two she stopped and turned toward me, but I felt indignant and went on. After going some rods I turned around and still saw her there looking towards me. I wanted to speak to her, but I was offended and would not go towards her. She did not start again till I was out of her sight. Perhaps I ought to have gone and have spoken to her, but I felt too bad to do so.

"Some time in June, 1851, Mrs. Helen Gregg told me that Mary was married again. It shocked me very much to hear her say so. I could not believe it, but she declared it was true. I then felt more desolate than ever.

"The time of the second marriage was in March, one year and more after I was married to Mary. I was told the man who married them the second time was a Universalist minister, like the one who married me.

"When this news reached me I felt as if I had nothing to live for. I was wretched. I did not know what to do. I did not feel any disposition to work. I did not care what became of me, if I must lose my wife and live to see her the wife of another man. I felt it was too bad. My mind was on her all the time, day and night. I could not work, nor eat, nor sleep. I felt as if I would suffer anything if I could only have Mary; but I had no friends to take my part. Then I thought I would leave the place and try to forget it; so, one Sunday, I went away to Oneida Castle, and to the railroad. Then I went to Wampsville, and from there to Lenox Basin, and took the canal for Syracuse. When I got to Syracuse I did not know what to do. I stayed at a tavern on the south side of the canal three days and three nights, all the time in great distress, thinking of Mary and her marrying another man. Then I thought I would come back and see if I could not do something to get my wife. I was so discontented everywhere that I had no pleasure in anything. I thought if I could only get Mary again, I could do anything. (We here omit prisoner's statement of his return.)

"On Sunday (one week subsequent to his leaving for Syracuse) I went to Absalom Gregg's to dinner. From there I went to Knoxville, and then back to Parkhurst's on the next day. I went to his barn and staid all night and until the morning, when I went to work for him, cutting up corn. While at work there, from the constant trouble of my mind, I felt sick, with pain in my head, and did not feel able to work. I went to the house and went to bed. In the morning I got up, but did not feel able to work. I staid there, however, until ten or eleven the next day. I told Mr. P. I could not work and was going to Pine Bush. I went there and borrowed a gun.

"Then I went to Mr. Crane's and bought some ammunition, after which I returned to Mr. Parkhurst's. It was in the afternoon when I went there. I remained at P.'s until dark, when I left, without saying anything to any one, although I felt very wretched. From Mr. P.'s I went south until I came to a school-house, which being open, I went in and laid down and slept awhile. It was towards daylight when I awoke. This was the night previous to the murder. I had determined to kill her. In the early part of the morning I went out and started for Mr. Absalom Gregg's lot. I turned into the woods at the west side of them, and cut across to my uncle John's lot. I went to a spring and drank some water, and washed my face and hands. From there I went about thirty or forty rods, and placed my gun against a tree, and laid down. By and by I heard a squirrel. I got up and soon found it. It was a grey squirrel. I shot it and it fell. I then took it up, and skinned it, and,

by the aid of matches, made a fire, with which I cooked the squirrel and some potatoes which I had in my pocket, and ate them. I remained there in the woods until near night, when I went to Potter's woods and passed down across the road leading to Knoxville, past Mr. H. Sumner's tavern, where I purchased two drinks of whiskey. I had considerable conversation with Mr. S. about Mr. Snell. He asked me if I had settled with him. I told him I had not. But I told him I was going there, and was then on my way. When I left Sumner's I went towards Mr. Snell's until I come to Ephraim Gregg's, the second husband of Mary. I went near the house. It was dark. I stopped in the road and saw Mr Gregg come out of the house. I waited until he had gone out of sight. In a few moments a woman came out of the house, leading a little girl. I soon saw it was Mary. The little girl looked up and spoke about the beautiful stars. Mary said, 'Yes, dear, the sky is full of pretty stars to-night.' I then said to myself, 'You will soon see stars.'

"They went into the house, and I climbed over the door-yard fence, and watched at the window to get a sight of Mary. I saw her with another woman in the house. I also heard her voice, and knew it was her. She was in the pantry, washing dishes with the other woman. I stood there several minutes. I thought to myself, 'Oh! shall I kill her?' I then reflected, 'I have come here to do it, and I will.' I then stooped down and took up my gun, clapped it to my face, and then let it down again. I could not think of killing her, for I loved her. But then, I thought, she has married another man and refuses to live with me. I became desperate. I did not care what I did. Again I drew up my gun, took deliberate aim, and fired. I heard her exclaim: 'O dear! O dear me!' I then ran from the yard and went north across the lot leading to the grist mill, to an orchard, and secreted myself in the corner of a fence. I laid there until near eleven o'clock at night, when I got up and went into the road leading to Knoxville. I kept on towards Parkhurst's until I came to Potter's barn, where I stopped and slept awhile. Toward morning I awaked. I remained there till morning. While there I heard the bell toll. I knew it was for Mary, and my heart almost broke to think of what I had done; but I thought it was right then. I then left and went into J. Hadcock's woods, not caring where I went, or what became of me. While I was there I was arrested, and of my trial and conviction you know all.

"If everybody knew all my troubles, I think they would feel different from what some do; but I have no complaints to make. The sheriff has been very kind to me, and so have some others. I do not want to live."

It is a very prevalent opinion, and one that seems to have taken a strong hold of the popular mind, that the plea of insanity is frequently used to shield the guilty from merited punishment. Cases have occurred in American courts, within a recent period, in which we believe the defence has improperly rested upon this plea; but we know of no case in this country, where a person has been found insane and acquitted, in which subsequent observation has not confirmed the correctness of the verdict. On the other hand, we too frequently have occasion to regret the failure of the plea, even when the evidence appears to be sufficiently plain to convince the most untutored judgment. Of this character is the case of Baker, who was executed in Kentucky, in 1845. Evidence was produced sufficient to satisfy the medical skill of the country and experts of the insanity of the accused, and this was presented to the jury, and urged upon the Governor, and yet he was found guilty,—prejudice and political animosities having more weight than the evidence, thus wounding deeply the principle of mercy. And here, again, we have the melancholy evidence before us of the trial and conviction of a man who seems to have committed a homicide under the influence of a delusion, without an effort being made to present his case properly to the jury. It was only after his trial and sentence that the question was raised and a jury summoned to examine into his mental condition. Of the manner in which the investigation was conducted, and the tragical termination, we will speak in a subsequent page. We feel that a grave responsibility rests somewhere,—that a great wrong has been perpetrated in our State, which will ever rest as a stain upon its justice and humanity.

What are the facts testified to by the witnesses on this examination? His mother, it is said, had cerebral disease with paralysis; his father was intemperate, and the prisoner early formed the habit of drinking to excess. As he grew older this habit increased, and he became an habitual drunkard. Years passed on, and witnesses who knew him most intimately state that they observed an entire change in his character; he had become moody, would sit for hours and days without speaking, was sleepless and noisy at night, and in many ways conducted himself very strangely. This was when he was not under the influence of liquor, and during the year preceding the murder. The testimony of Mr. Gregg is very clear, and describes conduct and actions which one at all familiar with the insane will at once recognize as indicating mental disease. About two years before this he first told several persons that he was married to Mary Snell, the daughter of a very respectable farmer, for whom he had been at work. No one seems to have credited

his story at the time, unfortunately considering it of too little consequence to be deserving of attention. After Miss Snell was married to Mr. Gregg, the prisoner's mind was wholly engrossed with thoughts of her, and the wrong she and her relatives had done him: to use his own words, "My mind was on her day and night." It was during the time when he says his mind was thus occupied that Mr. Gregg describes him as "stupid," sitting about in one position, refusing to answer questions, and scarcely noticing things around him.

Now, to decide the question as to his insanity at the time he committed the murder and subsequently, it is simply necessary to show the existence of a delusion. Was he really married to Mary Snell at the time and place and in the manner he described? There is not a witness called, either by the prosecution or the defence, to establish the truth of his assertions,—not a word spoken to show that such a marriage ever took place. If there was the least foundation in reality for the belief in the prisoner's mind, why was not the evidence presented? Where was the clergyman who married them and the witnesses who were present? That the prisoner actually believed he was married to Mary Snell is beyond a doubt; he repeats the declaration almost with his expiring breath; and if he was not married, he was clearly acting under a delusion when he committed the homicide. Such being the facts testified to before the sheriff's jury, we are fully justified in the conclusion that he was never married, that his belief in the marriage was a delusion, and that this delusion impelled him to the commission of the murder.

But we are told that he was a bad man, and that the changes in his character were only the result of long-continued habits of intemperance. The evidence clearly establishes the fact that his habits had impaired his health and reduced him to pauperism; and, to our mind, it also shows just as clearly that the final result was mental derangement, the first indications of which witnesses describe by saying that he "appeared different;" and, as the disease progressed, he became "stupid;" and, to use the language of one witness, seemed about "half a fool." First, there was an enfeebled, impaired condition of all the mental powers—the incipient stage of dementia—then a gradual increase of the disease, in the course of which a prominent delusion was developed, and under the influence of it he took the life of the woman whom he believed had deeply wronged him. If a man is insane, no matter what the cause of his insanity may be, the law holds him irresponsible; and, even if Hadcock had been one of the vilest, most degraded men in existence, he was still entitled to protection and justice. The safety of

society requires the confinement of such a man, but it does not require that humanity should be outraged by his execution.

The statement of the prisoner, made a short time previous to his execution, corroborates the testimony given on this examination. After repeating the declaration that he was married to Miss Snell, and again relating the circumstances attending and immediately following the marriage, he says, "I remained until evening, when, seeing that all the family had some *secret* among themselves, I went back to Mr. Gregg's." No expression could be more characteristic of the action of an insane mind under the influence of delusion. In another place he says, "my brain was on fire; I did not know what to do;" and, a little further on, he states, "I could not work, nor eat, nor sleep;" and, after he had committed the fatal deed and heard the tolling of the bell, he says, "I knew it was for Mary, and my heart almost broke to think of what I had done; *but I thought it was right then.*" Is this the language of a sane man—a man capable of distinguishing right from wrong in reference to the particular act in question—and fully responsible? We would ask any unprejudiced reader whether this so-called confession of the prisoner is not in itself sufficient to create a doubt as to his sanity. As we remarked in a previous page, much of the language used and the arrangement of the statement is evidently the work of the person who wrote it: the facts are no doubt correctly given. It is just such a statement as we should expect from a man laboring under the form of mental disease described by several of the medical witnesses.

Two of the medical gentlemen called expressed the opinion that he was not insane. Dr. Moore stated that he had known the prisoner slightly for many years, though he had not seen him frequently and had seldom conversed with him. He had visited him *once* in jail, and, without having *heard the testimony* given before the sheriff's jury, unhesitatingly expressed the opinion that the prisoner was not insane. We leave our readers to judge of the value of such an opinion from a physician who had given no attention to the study of mental disease, and only occasionally seen an insane patient in general practice. Dr. Maybury concurred with Dr. Moore, and thought the prisoner was feigning insanity. No grounds are given for this belief, and we have been unable, in looking over the evidence, to find a single fact on which to base such a conclusion. Dr. Maybury says, in the course of his testimony, "that if the belief in this marriage really existed in the prisoner's mind, and if the other circumstances described by witnesses were true, I should have no doubt of his insanity." This is certainly a very strange opinion. There was no conflicting testimony, and no doubts appear to have been raised as to the credibility of witnesses, and yet

his opinion is given on the supposition that the evidence was *untrue!* Again, he says that a person acting under a delusion would be likely to be detected by it! Has Dr. Maybury ever carefully observed a single case of insanity? We opine not, or he would not express such an erroneous opinion as this.

The opinions of the other medical witnesses were clear and decided. They had examined the prisoner, had listened attentively to the testimony given on the examination, and arrived at the conclusion that he was insane.

As we remarked in another place, the jury to whom the case was submitted could not agree on a verdict, and were discharged. The Governor, on being informed of this result, promised a further respite, in order that another jury might be summoned; but the judge, on whom this duty devolved, failed to give the necessary order, and the prisoner was executed. The sheriff's jury was summoned for the purpose of inquiring into the mental state of the prisoner and *deciding* as to his sanity or insanity. Had they decided this question? No; and it seems to us that the execution of the prisoner, under such circumstances, was in direct violation of every principle of justice and humanity. We say this in sorrow, and will only add, in conclusion, that we hope the judicial records of our State will never again be stained by a similar act of injustice.

ARTICLE VI.

BIBLIOGRAPHICAL.

I. *The Progressive Changes which have taken place since the time of Pinel in the Moral Management of the Insane, and the various Contrivances which have been adopted instead of Mechanical Restraint. By Daniel H. Tuke, M. D., Assistant Medical Officer to the York Retreat,* London. 1854. — Prize Essay of the Society for Improving the Condition of the Insane.

The author of this essay bears that honored name which is associated with some of the noblest achievements in the cause of humanity. We welcome him to this field of professional labor, and our best wish for him would be, that he may abundantly exemplify the same untiring philanthropy and strong, clear apprehension by which that name has been hitherto distinguished.

Dr. Tuke, after calling to mind the management of the insane prior to 1792, traces the progress of that reform which was commenced simultaneously at that period by Pinel in France and his own progenitor, William Tuke, in England. He views with great satisfaction the prevailing disuse of restraint, and though he does not distinctly favor its entire abolition, yet he intimates that, by the aid of certain practicable substitutes, it may be almost, if not altogether, dispensed with. He pretends to no original ideas on the subject, nor does he go into a very elaborate examination of the merits of the question. This we rather regret, because the friends of the non-restraint practice must now be able, if ever, to meet the objections which have been offered against it. That they never have been fairly disposed of we firmly believe. On the contrary, if there is any one fact in the management of the insane better settled than any other, we are convinced that it is this—that there are cases of insanity, more or less frequent, in which the highest welfare of the patient is promoted by mechanical restraint.

Considering how little restraint has been used, for many years, in the principal English establishments, we cannot help thinking that the importance of this question has been greatly overrated. If the superintendent of a hospital has reason to think that a case occasionally occurs—one or two in a hundred—which is benefited by mechanical restraint, why should he not be allowed to use it? Why should uniformity be required in the matter more than in any point of treatment? If he may be allowed to use narcotics, for instance, or cold baths, or hot baths, to an unprecedented degree, and be praised, perhaps, for his boldness, it is not very obvious why he should be denounced, or regarded as behind the age, because in a few cases he approves of confining his patient's limbs with a bit of leather. If, in 1815, when the monstrous abuses of the English hospitals were brought to light, the cry of "No restraint" had been raised, it would have been abundantly justified. But it was just at the time when the spirit of improvement had reduced the amount of mechanical restraint to almost nothing—when, in short, this remarkable reform might be safely left to take care of itself—that the public was agitated with this controversy about non-restraint. In the Lincoln Asylum it seems that, from 1829 to 1837, the amount of restraint steadily diminished from thirty-nine, the number of patients being seventy-two, to two, while the number of patients had risen to 130. And yet, in the face of this experience, it was resolved, in the last-mentioned year, to abolish the use of mechanical restraint in every case whatever. A similar piece of history, we presume, would be furnished by many other establishments. We have always supposed that in

England the hostility to restraint arose from the fact that in their very large establishments it was quite impossible for the physicians to regulate the application of restraint by their own knowledge of the exigencies of the case, and thus prevent it from becoming, in the hands of attendants, an intolerable evil. Some of the distinguished advocates of non-restraint, we are aware, place themselves upon higher ground than practical expediency. They oppose restraint because, they say, it is never necessary, and always injurious. This conclusion, however, appears to be more like an extravagant expression of warm and earnest feeling than the result of careful experiment or extensive observations.

The manner in which this subject has been forced upon the public notice has led, we fear, to another kind of restraint more to be deplored than any that was ever placed on the limbs of the insane. When conversing on this question with the superintendents of hospitals, while in England, a few years ago, we thought we sometimes perceived a fear of maintaining individual convictions against a public sentiment which had become intolerant and proscriptive. When a vexed question has a popular side to it, there is no longer freedom of opinion, nor real progress; because, rather than incur the popular odium, a man will be apt to keep his opinions to himself, instead of permitting them to shape his own practice, and, as far as they deserve, the practice of others. We have no hesitation in saying that the state of feeling and thinking on this subject of restraint, in England, is not that, exactly, best calculated to advance the interests of science or humanity.

Dr. Tuke *burns*, as we say of children playing at *hide and seek*, when he declares that the non-restraint system can never become practicable nor beneficial, unless the government of the asylum is of a very high moral character. If the character of the management is so effectual in preventing the incidental evils of non-restraint—in making it, as he says, a blessing instead of a curse—it would seem to be an easy inference that it would be equally effectual in preventing the abuses of restraint. So that, in fact, as it respects the welfare of the insane, the really important issue is not between restraint and non-restraint, but between a government which is actuated by high moral considerations, using every available means to promote the good of the patient, and by kindness and vigilance averting every unnecessary abuse, and one careless and indolent, swayed by one idea, and anxious only to catch the popular breeze.

In this country, fortunately, the question of restraint or non-restraint has always been viewed as one of subordinate importance. We seldom hear it spoken of, and in the meetings of the Association of Superintendents of Hospitals it has never, to our recollection, been a sub-

ject of discussion. And yet, we apprehend, it is not often used to an unnecessary extent, even in those hospitals which are most poorly endowed with what Dr. Tuke regards as indispensable substitutes for restraint. It seems to be understood among those who are devoted to this department of the profession, that every one must judge for himself whether the amount of restraint shall be reduced to one per cent. or to zero, and that his conclusion on this point, whatever it may be, cannot fairly subject him to censure. Here, as well as everywhere else, the privilege of free and independent inquiry, cannot be invaded without ultimate injury to the cause. If the time should ever come when the superintendents of our hospitals will be obliged to enter upon their duties with the details of their management all prepared for them, seeing everything with the eyes of others, and governed by popular sentiment rather than the sense of right, that time would witness the end of all genuine progress. Let us beware how we allow the first step to be taken in this direction, and resist every attempt to prescribe opinions and practices which should flow only from one's own honest and deliberate convictions. I. R.

II. *What to Observe at the Bed-side and after Death in Medical Cases.* Second American, from the second and enlarged London edition. Philadelphia: Blanchard & Lea, 1855.

The title expresses the intention of the book, and the details of the work are admirably complete in fulfilling the intention. In the preface it is very modestly suggested, that "the physician may, in the book, occasionally find a useful remembrancer." But it is well adapted to be more than a mere remembrancer to a large number of American practitioners, who are educated in a hurry, pressed through a "course," forsooth, of professional reading, diplomated upon the presentation of a matriculate's pass, and a dozen or more of professorial tickets, and then discharge the eminently responsible duties of medical advisers with whirlwind rapidity—themselves, for the most part, involved in the engrossing excitement of railroad schemes and stocks, land speculations, and pecuniary supremacy. It tells them that they have never learned "what to observe;" and if they will only look into it, they will perhaps appreciate, and certainly see, that the facts of disease are too profound to be exposed alone by the successive application of the doctor's eye to the patient's tongue, finger to the pulse, and the usual questions as to habit. By familiarizing themselves with this book, they may, with a "conscience void of offence," personally understand the idea of Eubulos, expressed in "Psychological Inquiries," "engage in professional matters

for twelve or fifteen hours daily, and suffer no very great inconvenience beyond that which may be traced to bodily fatigue; use not only their previous knowledge of facts, or their simple experience, but their previous *thoughts*, and the *conclusions* at which they had arrived formerly;" instead of habitually applying the ability acquired by *rote* or mechanically impressed by lectures.

III. *Nineteenth Annual Report of the Managers of the New York Institution for the Blind.*

Twenty-second Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind.

The reports of eleemosynary institutions possess, in our view, peculiar interest. They show that the benign sentiments are as natural with legislators as with others; but, at the same time, they make the sorrowful exposure, that the exercise of the purest emotions and the production of the largest happiness and greatest good are prevented by political chicanery, consuming time which would otherwise be given to the promotion of "good-will to man." The amount of liberality already extended by the legislatures of the two great commercial States of the Union is commendable; but there are reasons of a very weighty character which speak for more intimate attention to these charities, as they are called, than governing bodies are accustomed to give to appeals for the means of sustenance. The effort for relief should be commensurate with the extent of the necessity; and should furnish so abundantly as to fill perfectly the desire excited by a true benevolence--not limiting efficiency by giving just enough to modify the melancholy ills which constitute the sources of demand upon the public treasury. The beneficence of these States has been productive of great good, in developing the importance of attention to classes of human beings but a little while heretofore, wholly debarred from the enjoyment of the pleasures and the discharge of the duties of society; and it remains for them to "perfect the work they have commenced," and be the ensamples which their position, from density of population, internal wealth, and commanding commercial relations, requires, that other States, "seeing their good works," may follow them.

The reports of the managers of the two institutions for the blind exhibit "continued and increasing usefulness," but express a want of pecuniary resources to accomplish all. The "universal commercial embarrassment has affected the manufacturing department of the New York Institution, as it has all other manufacturing establishments; and the sad consequence has been, that the managers have been compelled to cur-

tail, to a large extent, their manufacturing department, and many worthy blind persons have been thrown out of employment." The Pennsylvania Institution has ten more pupils than are provided for by the State, though about forty counties in the state—nearly two-thirds of the whole number—had not a single blind child under instruction. And though, by the energy of the principal the inequality of county representation in the Institution has been somewhat lessened, pecuniary aid is necessary to equalize the claims of beneficiaries.

The good results of instruction, in making the rays of pleasure to shine, even in darkness, and the substitution of ability "to do" for a sense of dependency, which, these reports give assurance, should be an earnest to legislators, that, in the bestowal of money to alleviate suffering, restore mind, heal the sick, make the lame to walk, the blind to see, and the deaf to hear, they will individually have, as they deserve, the plaudit of "Well done, thou good and faithful servant."

IV. *Account of the Ceremonies at the laying of the Corner-Stone of the New York Asylum for Idiots, at Syracuse, September* 8, 1854.

To Dr. Backus, of Rochester, belongs the honor of having made the first effort in our State legislature in behalf of idiots. While a member of the Senate, in 1846, he introduced a bill for the establishment of an institution for their care and education; and though unsuccessful at that time, he now has the satisfaction of knowing that his labors have contributed in no small degree to the promotion of the object in which he took so deep an interest. The new building at Syracuse is approaching completion and will soon be ready for the reception of pupils. The success of Dr. Wilbur, with the limited resources hitherto at his command, gives assurance that the New York State Asylum for Idiots will, under his management, fulfil the humane purposes for which it was founded. The patronage of the State should be generously extended to this and other public charities.

SUMMARY.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The next annual meeting of the Association of Medical Superintendents of American Institutions for the Insane will be held in the city of Boston, to commence on the fourth Tuesday of May next, at 10 o'clock A. M. Before the day of meeting, the members of the Association will be informed in what rooms in that city its sittings will be held.

C. H. NICHOLS, Secretary.

At the last, or ninth, annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at the Smithsonian Institution, in Washington, in May, 1854, Dr. J. H. Worthington, of the Friends' Asylum for the Insane, near Philadelphia, remarked that "the Managers of the Institution under his charge had always generously (and justly, as he conceived) paid his traveling and other necessary expenses in attending the meetings of the Association; and having learned that a difference of practice in this respect prevails in different institutions, he would move the appointment of a committee to take the subject into consideration and report their views."

Accordingly, Drs. Worthington, Ray, of the Butler Hospital, R. I., and Ranney, of the New York City Asylum, were appointed such a committee by the President of the Association.

At a subsequent sitting Dr. Worthington, on behalf of the committee, reported the following preamble and resolution:

"Whereas, the meetings of the Association have been attended, since its commencement, by nearly all the superintendents of our institutions for the insane, and whereas there is a want of uniformity among the different institutions in regard to the payment of the expenses incurred by the superintendents in attending these meetings, from which the institutions represented have derived important benefits: therefore,

"*Resolved*, as the sense of this Association, that the traveling and all necessary expenses of the superintendents in attending its meetings ought to be paid by the institutions which they represent."

"On motion of Dr. Fisher, of the North Carolina Asylum for the Insane, the Secretary was instructed to transmit copies of the above preamble and resolution to the respective secretaries of the governing boards of the different institutions for the insane on this continent, together with such remarks as he might deem proper, urging the importance of the attendance of these meetings by all the superintendents."

We respectfully beg leave to call the attention of the boards of managers of the several institutions for the insane in this country to this action of the association at its last meeting, and to express the earnest hope that *all* superintendents will hereafter be reimbursed their necessary expenses in attending its meetings, and that each board will also authorize and encourage its chief medical officer to attend every year. While a short annual relaxation from his exhausting duties, and some opportunities beyond the circle of his home and its cares and associations, to improve himself "as a man and a philosopher," may justly be claimed by every superintendent as a personal necessity and right, it is no less true, in our judgment, that every institution should claim a representation in every meeting of the Association, and a share of its benefits, *and pay for them* to the extent called for by the resolution.

Such consociations of men engaged in the same pursuit are better calculated than any other measure to correct the judgment and practice and allay the prejudices of individuals, and to foster among them the most active and honorable emulation. Probably no member of the Association ever returned from one of its meetings to his official labors without more enlightened as well as nobler and more earnest views of duty than he entertained when he came to it—without, in short, being better prepared to meet in the most useful manner the ever-varying exigencies of his peculiar and highly responsible position.

While the salaries of but few of our superintendents are so liberal as to justify them in making a considerable annual journey at their own cost, principally for the benefit of the institutions they represent, we may venture to assert that those medical officers whose theatres of duty are most remote from the centres of population and the old institutions, are especially benefited by the meetings of the Association, and that they ought to be *required* to attend them and to *be paid* their necessary expenses in doing so. Indeed, there would be no lack of right zeal in this matter, did communities and boards of managers well understand that the great sources of evil practices in institutions of this kind have ever been isolation and secrecy in their modes of management; and it is not too much to say that the uniformity of excellence which our numerous hospitals for the insane have attained, and the uniformity of

opinion and practice which has so happily prevailed among their medical officers, has been in an essential degree owing to the personal interchange of sentiment and observation for which the meetings of this voluntary Association have afforded opportunity. C. H. N.

Northern Ohio Lunatic Asylum.—We read, a short time since, in the *Wayne County Democrat*, of Ohio, a notice of the appointment of Dr. L. Firestone as Superintendent of this new Asylum, and we now find, in the *Cleveland Herald*, a circular issued by him, informing the public that the institution is finished and ready for the reception of patients, from which we make the following extract:

"The public are by this informed, that this Asylum is now open for the reception of patients.

"In accordance with the decision of the Attorney General of the State, no patient will be admitted unless the inquest is held and the application made by the Probate Judge of the county in which the patient resides. Neither Justices of the Peace nor Clerks of the Courts of Common Pleas have any legal power to act in the premises."

In the notice of Dr. Firestone's appointment, referred to above, the following sentence occurs: "His appointment is well deserved, and is hailed with pride by his numerous *Democratic friends* throughout the county." While we admire and would do full justice to the enlightened liberality of the State of Ohio in providing accommodations for all her insane, we cannot refrain from expressing our deep regret that she should pursue a policy in regard to her charitable institutions directly calculated to impair, and ultimately to defeat the high and noble purposes for which they were founded. The appointment of an officer on whom devolve such great and responsible duties as on the superintendent of an asylum for the insane should not be "hailed with pride by *Democratic friends*" alone, but should meet the approbation of the *friends of humanity* everywhere. We intend to cast no reflection upon the qualifications of the superintendent of the new asylum in Ohio, but simply to protest against the principle which seems to have governed his appointment. If party politics are allowed to enter our insane asylums,—if men are to be appointed to superintend them because they happen to belong to this or that political party—there will be an end to all stability in the administration of their affairs, and, we hesitate not to say, an end to their usefulness. A frequent change in officers will necessarily be destructive of that order and permanence so necessary to the good government of such institutions.

INSANE IN CANADA.—Some time ago we wrote an article with the view of calling the attention of Government to the urgent necessity which exists for the immediate erection of additional asylums for the reception of the lunatic population of the Province. The simple announcement by the public press, that the Superintendent of the Toronto Asylum had signified his determination not to admit the name of another patient on his already overcrowded list of inmates, was sufficient warranty to us to speak plainly and decidedly on the subject. We were aware, at the same time, that Beauport could not conveniently accommodate another lunatic, and that our common jail contained within its walls a number of those unfortunates. The total number of insane in Upper and Lower Canada was a point on which, from the absence of all reliable information, we could not speak with any certainty, and we were thus deprived of a strong argument. Since then, however, the second portion of the census report of Canada has made its appearance, and we are now in a position to lay before our readers the actual number of persons laboring under mental alienation, with the number which are at present enjoying the benefits of proper treatment in asylums. We are certain the people of Canada need only to be convinced of the existing shamefully insufficient accommodation, to demand from the Legislature the appropriation of a sum necessary to erect, at least, two good hospitals for the insane. Public attention once fully aroused to the disgraceful state in which things are, the remedy will not be long forthcoming.

According to the census report, there are now in Upper Canada one thousand and sixty-nine persons of unsound mind; in Lower Canada there are one thousand seven hundred and thirty-three, making a total for the Province of two thousand eight hundred and two. Of these, one thousand four hundred and ten are males, one thousand three hundred and ninety-two females. The whole population, according to the same report, is one million eight hundred and forty-two thousand one hundred and three; the eastern section containing eight hundred and eighty thousand two hundred and sixty-one; the western, nine hundred and fifty-one thousand seven hundred and forty-two. The proportion of lunatics to the entire population will therefore be one to six hundred and fifty-seven. This is a ratio greater than obtains in most countries. In England, France, United States, Belgium and Prussia, the ratio is one to one thousand. In Scotland and Norway, however, the ratio is greater. In the former it is one to five hundred and seventy-three; in the latter, one to five hundred and fifty-one.—*Medical Chronicle.*

NEW ASYLUM PROPOSED IN THE STATE OF NEW YORK.—A bill is now pending in the Legislature of the State of New York for the location of a second State Lunatic Asylum. At the last meeting of the State Medical Society, held at Albany in February last, the following resolution was adopted.

"*Resolved*, That this Society is deeply impressed with the importance of further accommodations for the treatment and care of the insane of our State, and they therefore respectfully urge upon the Legislature the speedy passage of the measure now before them for that purpose."

The demand for increased accommodations is pressing and urgent, and it is to be hoped that the Legislature will not only pass the bill referred to in the above resolution, but at once take measures for the relief of the hundreds of unfortunate insane who are now kept in our county poor-houses. Some of them are not only in *chains*, but are in the most filthy, wretched condition. Humanity requires that suitable provision should be made for them.

REPORT OF THE COMMISSIONERS IN LUNACY FOR THE STATE OF MASSACHUSETTS.—The report of the Commissioners in Lunacy in this State was made to the Legislature on the 7th ult. It is full of facts, melancholy enough, showing a great increase of idiocy and insanity here since the census of 1850 was taken. The whole number of lunatics is two thousand six hundred and thirty-two, of whom two thousand and seven are natives, and six hundred and twenty-five foreigners. Of these lunatics, one thousand five hundred and twenty-two are paupers, and one thousand one hundred and ten have means of support. Of the paupers, eight hundred and twenty-nine are maintained by the towns and six hundred and ninety-three by the State. The idiots number one thousand and eighty-seven—all but forty-four being natives, and four hundred and seventeen paupers. There are one thousand three hundred and forty-eight persons in the insane hospitals, seven hundred and eighty being natives and five hundred and sixty-eight foreigners. A third hospital is recommended by the Commissioners, who also urge the rebuilding of the Hospital at Worcester on a better site, and the sale of the present building and the land attached to it. The census of 1850 showed that there were then one thousand six hundred and eighty lunatics and seven hundred and ninety-one idiots in Massachusetts. The increase is one thousand two hundred and forty-eight.—*Ex. Paper.*

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